



Educational Travel Service, Inc.

PMB 191 • 150 DORSET STREET • SOUTH BURLINGTON • VERMONT 05403-6256

APPLICATION FORM

GROUP NAME _____ DESTINATION _____

TRAVEL DATES _____

Please Print or Type in Capital Letters:
Name (EXACTLY as it appears on passport. NO NICKNAMES.)

LAST FIRST MIDDLE Sex _____

Age _____ Citizenship _____ Birth date _____

Address _____ City _____

State _____ Zip _____ Phone (Day) _____

Phone (Eve) _____ Cell # _____

Special Requests:

Diet Vegetarian _____ Non-dairy _____ Other _____

Physical challenges pertinent to air and/or land travel: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Phone (Day) _____

Phone (Eve) _____ Cell # _____

I agree that all of the above information on the application is correct.

Applicant's Signature _____ Date _____

If the applicant is under 18 years of age, the signature of a parent or legal guardian is required.
I am the parent or legal guardian of the above minor and I agree that all of the above information on the application is correct.

Parent or
Guardian's Signature _____ Date _____

Jan Cronin
802.233.3287
jancronin321@gmail.com

Lee Hoehn
802.863.2879 802.578.8208
hinsylee@aol.com

Tim Kahn
802.578.8221
tfkahn@together.net



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EDUCATIONAL TRAVEL SERVICE APPLICANT SIGNATURE FORM FOR TOUR PARTICIPANT CONTRACT AND RELEASE

RELEASE

I have read and understand the TOUR PARTICIPANT CONTRACT and RELEASE, and agree to be bound by it.

Applicant's Signature _____

Date _____

If the applicant is under 18 years of age, the signature of a parent or legal guardian is required. I am the parent or legal guardian of the above minor applicant and I have read the TOUR PARTICIPANT CONTRACT and RELEASE. I agree to be bound by it.

Parent or Guardian's Signature _____ **Date** _____

*Prices quoted are at the current rate of currency exchange. The final payment could change based on the strength of the U.S. dollar. Fuel, taxes, and security fees fluctuate, and cannot be guaranteed until the air tickets are paid in full.

A DEPOSIT OF \$400.00 PER PARTICIPANT, \$200.00 OF WHICH IS NON-REFUNDABLE, MADE PAYABLE TO YOUR SCHOOL OR ORGANIZATION, NOT ETS, MUST ACCOMPANY THIS APPLICATION FORM. (Refer to Cancellation Policy)

TRAVEL PROTECTION WAIVER FORM

At ETS, we strongly believe that your upcoming trip is a significant investment, which should be protected. For more information or to purchase insurance, please contact your ETS travel agent or check out www.educationaltravelservice.com. If you choose to decline this valuable protection, you are assuming any financial loss associated with your travel arrangements.

If you do not want this valuable protection, simply sign below acknowledging that ETS did make you aware that this coverage is available, but that you REFUSED COVERAGE.

Signature _____ **I do not want** coverage.

Date _____

If you **want** this valuable protection, log on to www.educationaltravelservice.com, click on Travel Insurance, and purchase this protection. You can also ask your ETS agent for information.

Signature _____ **will purchase** travel protection.

Date _____

08/30/08

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