



South Central Ambassador Tours, Inc.



2011 Spring Get-Away Reservation Form

PLEASE MARK YOUR SELECTION

My choice is <i>Fun-tastic Florida</i> Orlando, Florida March 13 to 18, 2011 US \$695 Does not include: round trip airfare from your departure city, lunch or dinner each day <i>minimum of 32 students</i>	My choice is <i>Shop 'til You Drop</i> Minneapolis, Minnesota March 10 to 14, 2010 US \$495 Does not include: round trip airfare from your departure city, lunch or dinner each day <i>minimum of 32 students</i>
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PLEASE COMPLETE FORM ONLINE BEFORE PRINTING FOR SIGNATURES

Every field MUST be completed.

First Name: _____ Last Name: _____

Name friends call you: _____ Date of Birth: ____/____/____ (check one) Male Female
month day year

Natural Parents names: _____
 Address in home country: _____
 Home country: _____ City: _____
 Telephone number in home country, including country and city code: _____

USA host family name: _____

USA street address: _____

USA city, state, zip _____

USA host family phone: (____) ____ - ____ Personal cell phone if you have one: (____) ____ - ____

Personal e-mail (required): _____

Host family e-mail (required): _____ Sponsor district number: _____

Host district number (in the U.S.): _____ District youth exchange officer: _____

Club counselor _____ phone # _____ e-mail _____

Rooming preference: you will be sharing a hotel room that contains 2 full or queen size beds with 3 other students.

I prefer to room with someone from my host district or region

I prefer to room with someone from my home country or same language

It doesn't matter who I room with

I prefer to room with: _____ / _____ / _____

Required personal information:

Date of your last tetanus shot. _____

Do you have any kind of allergies, such as to bee stings or to medications like aspirin? Yes No

If yes, please list them – _____

Do you have any dietary restrictions such as vegetarian, sugar free, lactose intolerant, etc.? Yes No

If yes, please list them – _____

Are you currently taking any prescriptions or medications? Yes No

If yes, please list them and what they are for – _____

If the answer to #10 is NO, have you taken any prescriptions in the past year? Yes No

If yes, please list them and what they are for – _____

Do you have any special physical conditions or restrictions that limit activity? Yes No

If yes, please list them – _____

Do you get carsick, seasick or have any other such occurrences that would affect your travel? Yes No

If yes, please list them – _____

READ THIS CAREFULLY TO AVOID MISUNDERSTANDINGS.

I understand that the cost of the tours indicated on this reservation form does NOT include the cost of transportation (airfare) to the starting city and back home from the ending city. I understand that my reservation can be cancelled even after being confirmed if my youth exchange host program reports that I might create discipline problems on the tour. In that event, refunds of payments will be based on the following policy. I understand that all payments made by me are fully refundable only if I notify you in writing by December 28, 2009. Unless the tour is able to fill the vacancy created by my dropping from the tour or the tour is cancelled due to lack of participants, no refunds will be given after January 1, 2010 as all trip expenses will have been prepaid by that date.

Signature of student: _____ Date: _____

Signature of host parent verifying student understands terms: _____

All items must be enclosed in Registration Packet and mailed to the address below:

Check or money order payment – review Payment section of Step 2 for details.

Completed 2010 Winter Get-Away Reservation form

Completed Rules Agreement form

Completed SCAT Parental Consent form

Copy of US-based insurance card showing name & policy number

Small photo for ID badge – approximately one inch face size

Copy of name page of passport showing passport number

Chuck Frazier, tour administrator
P. O. Box 1071 Emporia, KS 66801-1071

Phone: 620-342-9016 **E-mail:** scattours@cablone.net
www.youthexchangetours.com

SCAT use only: date received _____
amount received _____