



EXPLORE AMERICA TOURS, Inc.

2011-2012 PERMISSION FORM

Send form to: 4924 Balboa Blvd #287 Encino, CA 91316 or fax to 818-788-4399

Please print

Last Name _____

Nationality _____

First Name _____ SEX: M F

Student Cell while traveling: (____) _____ - _____

Host Parents _____

Student email address _____

Address _____

Host email address _____

City _____ State _____

In case of emergency, please contact (do not list home number):

Zip Code _____ Birth date ____/____/____
month day year

Host Father
Work/cell phone (____) _____ - _____

host family Phone: (____) _____ - _____

Host Mother
Work/cell phone (____) _____ - _____

Please check the trips you are taking:

- East Coast #1 Dec 3-9 '11 \$775
- Hawaii Mar 21- Mar 28 '12 \$875
- NY/New Years Dec 27-Jan 1 '12 \$699
- California 2 Mar 24- 30 '12 \$775*
- Hawaii #1 Feb 15-22 '12 \$875
- East Coast Mar 31- Apr 6 '12 \$775*
- California 1 Mar 10-16 '12 \$775*
- Hawaii Mar 28- Apr 4 '12 \$875
- Western 1 Mar 17-23 '12 \$775*
- Los Angeles May 26-June 1 \$775

* California & Western tours makes a great 2-trip combo as does as does the California 2 & East Coast2. Call for Details.

SIGNATURES: I have read and understand all the Terms and Conditions. All parties acknowledge that while on tour, Explore America, Inc. or its representatives may take any action deemed necessary to protect student's safety and well being, including medical treatments at the student's expense and transportation home at the student's expense. Any disputes shall be resolved exclusively through arbitration. AIRFARE IS NON-REFUNDIBLE AFTER PURCHASE.

Student signature _____ Host Parent signature _____

Exchange program Representative Exchange program approvals are required for all students. Exchange program permission may be later withdrawn for failing grades or violation of program rules. Consult your exchange representative.

Signature _____ Phone number (____) _____ - _____

SCHOOL SIGNATURES: Students must have prior approval & must agree to make up any missed work. A school representative must sign indicating the student has made arrangements to make up any missed assignments.

School Name _____ Date _____

Name & signature of school personnel _____

MEDICAL INFORMATION: (some students may not have a policy # on their insurance card)

Medical insurance company _____ Policy or ID # _____

List allergies, medical conditions or limitations (vegetarian, etc.), and any prescription medications. Attach additional pages, if necessary. If you are currently being treated for a medical condition, also list the physician's name and phone number. Remember, you must carry your insurance card while on tour.

Would you prefer roommates of the same or different nationalities? Anyone in Particular?

#1 _____ #2 _____ #3 _____

Send this form via fax, email or snail mail: Explore America Tours, 4924 Balboa Blvd. #287, Encino, CA 91316

email: tours@explore-america.com web: www.explore-america.com phone: 1-800-999-7567 FAX 818-788-4399