

2015 Application



Don't want to fill out this form? Apply online now! www.worldstridesdiscovery.org/register



Use EZPay. It's free and it's simple. Equal monthly installments are automatically deducted from your account. No invoices, no mailing checks, no deadlines to meet, more time to pay. Check out details on the opposite page.

Please fill out the form below. Print clearly in block capitals. Signature required on reverse. Cut out application and return to your Program Leader.

PARTICIPANT

<input type="text"/>	<input type="text"/>
LEGAL FIRST NAME (as it appears on your passport and/or birth certificate)	LEGAL MIDDLE NAME (as it appears on your passport and/or birth certificate)

Check this box if you do NOT have a middle name on your passport and/or birth certificate.

<input type="text"/>
LEGAL LAST NAME (as it appears on your passport and/or birth certificate -specify Jr., Sr., etc.)

<input type="text"/>
MAILING ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP

<input type="text"/>					
MOBILE PHONE	MOBILE PHONE CARRIER	HOME PHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>
EMAIL ADDRESS

DATE OF BIRTH: <input type="text"/> - <input type="text"/> - <input type="text"/>	GENDER: MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DEPARTURE DATE: <input type="text"/> - <input type="text"/> - <input type="text"/>
MONTH DAY YEAR			MONTH DAY YEAR

US CITIZEN: Yes No* *It is your responsibility to obtain ALL required travel documents, including transit visas.

ROOMING: Choose one of the following rooming options

I will be sharing a room with (name required): _____

Bill me the single supplement (\$50/night) until I find a companion, at which time the charge will be removed. I would like a single room. (\$50/Night)

Please note that if no boxes are checked, your rooming will default to a single room and you will be charged \$50/night.

TEACHER/GROUP LEADER

<input type="text"/>	<input type="text"/>
FIRST NAME OF GROUP LEADER	LAST NAME OF GROUP LEADER

Group Leader's signature	Date
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PARENT/GUARDIAN INFORMATION

If the applicant is under 21 years of age, please provide the following information for a parent or guardian who must also sign the reverse.

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE	WORK PHONE		Ext.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOBILE PHONE	MOBILE PHONE CARRIER	RELATIONSHIP	

<input type="text"/>
EMAIL ADDRESS

Travel Insurance

Select one. Please refer to the enclosed brochure for details.

Yes, I am purchasing the travel insurance and have included the premium with my deposit.

- \$149 for trips less than \$5,000
- \$199 for trips more than \$5,000

No, I am choosing to decline the option of taking the insurance policy.

Payment

WorldStrides recommends the EZPay plan for hassle free payments with no installment fees. EZPay is only available to online registrants.

If you wish to submit this application please check one of the payment choices below (add the travel insurance premium if you wish to purchase):

\$300 Initial deposit only (a second payment of \$200 is due 30 days after your enrollment)

\$500 deposit (no further payment is required until 110 days prior to departure.)

Payment in full

Make your check payable to WorldStrides and return it with your completed application to your Program Leader.

SIGNATURE REQUIRED ON REVERSE

QUESTIONS ABOUT THE AGREEMENT? CALL
WORLDSTIRDES INTERNATIONAL DISCOVERY PROGRAMS
 1-855-843-3436

OFFICE USE 2015

AMT _____

CHK# _____

BATCH# _____

RECD/DEP _____