

REGISTRATION PACKET FORM 1 OF 3

**“Step To The Future” College Tour
April 17 - 22, 2011
Registration Form**

NAME: _____

ADDRESS: _____ City/State/Zip _____

SCHOOL: _____ GRADE: _____

EMAIL: _____

PHONE: hm () _____ Student cell () _____

PARENT(S)/GUARDIAN(S): _____

EMAIL: _____

EMERGENCY CONTACT NUMBER(s): _____

STUDENT’S PLEDGE

As a condition of my travel on the **2011 College Tour**, I hereby pledge to follow the code of conduct established by the group, including those concerning my behavior and respect for all leaders, coordinators, chaperones, peers, and any others that assist or support the group’s activities before, during, and after the tour. I also understand that violation of the code of conduct could result in my being prevented from participating in certain tour activities.

Student Signature: _____ Date: _____

PARENT/GUARDIAN PERMISSION

_____ has my/our permission, to participate fully, in the **2011 College Tour** activities, during the week of April 17 – 22, 2011. I/we also agree to the following:

1. It is my/our understanding that the group will be transported to and from the tour sites by chartered bus. I also understand that every reasonable effort will be made to plan for safety on this trip. Nevertheless, I agree to assume full responsibility for any personal injury or any damage to my student’s personal property that may occur directly or indirectly during the course of the trip.
2. I/we acknowledge that every effort will be made to contact the designated parent/guardian in the case of a medical emergency. If I/we cannot be reached, I/we authorize the tour chaperone(s), to seek appropriate medical (physician, dentist, nurse, etc.) care for my student.
3. I/we also agree to fully and forever release and discharge the Baptist Grove Church, and PATT, their agents, affiliates, predecessors, successors and assigns, from any and all claims, demands, damages, right of action, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of **College Tour 2011**.

Parent/Guardian Signature: _____ Date: _____

\$225.00 Deposit due with the Tour Registration Packet / \$225.00 Balance of Fees due April 3, 2011
To Register: Mail certified funds (cashier’s check, or money order), *payable to PATT*, with the Tour Registration Packet to: PATT * 1204 Westerham Drive * Wake Forest, NC 27587
To obtain the tour registration packet, email: info@patt-nhf.org , or call (919) 518-2903

For additional information, contact the Tour Coordinators: Keith or Belinda Shannon
Phone: (919) 518-2903 * Email: info@patt-nhf.org

Office Use:
<input type="checkbox"/> Registr form
<input type="checkbox"/> Medical form
<input type="checkbox"/> Educ Verif
<input type="checkbox"/> Registr fee