

(*Very important:* Tour sponsor, please duplicate both sides of this form for each trip participant.)

Trip Enrollment Form & Participant Information

This is to be returned to:
Academic Travel Services, Inc.
P.O. Box 547
Hendersonville, NC 28793

PART I: Trip Selection

PART II: Departure Date

Part III: Departure City & School

American Express—Visa—MasterCard

Payment of all individual program fees may be paid by check, money order or by charge to an American Express, Visa, or MasterCard. If you desire to charge all or part of the individual trip cost, please visit our online payment portal at <https://mypay.academictravelservices.com>. There is a small convenience fee assessed for any payment by credit card.

Trip Withdrawal Penalties

1. The **first deposit is not refundable**, but may be transferred without penalty to a replacement participant (unless airline, Amtrak tickets or cruise payments have been made in the traveler's name, in which case penalties may apply).

2. If traveler withdrawals prior to 60 days before departure, all payments will be refunded less \$125.00 (or First Deposit, whichever is greater) plus such charges levied by but not limited to: airlines, cruise lines, motorcoach companies, hotels, restaurants, etc. In addition, monies used to purchase attraction tickets (such as, but not limited to: Broadway show tickets, sporting event tickets, theme park tickets, etc.) can not be refunded and will be added to the \$125.00 administration withdrawal charge.

3. Less than 60 days prior to group departure payments are not refundable, but may possibly be transferred to another person for a service charge.

All refund requests **must** be submitted to ATS in writing and **must** be accompanied by the specific withdrawal form supplied by ATS to the trip sponsor of record with his/her signature thereon. Failure to follow these specific refund guidelines **will result** in refusal of the refund request.

ATS recommends the purchase of Trip Cancellation/Interruption Insurance. ATS will provide insurance forms upon request or they may be obtained from most local travel agents or on-line internet sources.

All Group Participants are required to read and sign Appendix A which deals with COVID-19 related issues.

ATS urges passengers to review travel prohibitions, warnings, announcements and advisories issued by the US Government prior to booking travel to international destinations. Information on conditions in various countries and the current level of risk can be found at www.state.gov, www.tsa.gov, www.dot.gov, www.faa.gov, www.cdc.gov, www.treas.gov/ofac, and www.customs.gov. **By offering sale to particular destinations, ATS does not represent or warrant that travel to such points is advisable and/or without risk, and is not liable for injury, death, inconvenience, damages or losses that may result from travel to such destinations.**

Part IV: To Be Completed By Applicant

Please Print Or Type:

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Age: _____ Sex: _____

Date of Birth: ___/___/___ Place of Birth: _____

Name of Sponsoring Teacher/Chaperone (If Applicable): _____

Part V: To Be Completed By Minor's Parent/Guardian

Please Print Or Type:

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Age: _____ Sex: _____

Name of School Attending: _____

Is the above minor in good health? _____

Does the above student have any special medical condition (e.g. Allergies, Diabetes, Heart ailment, etc.) YES / NO

If YES, Please attach a brief explanation on the reverse side of this sheet.

Signature of Parent or Guardian:

X _____

Date _____

PLEASE READ BOTH SIDES OF THE ATTACHED TERMS & CONDITONS. A SIGNATURE IS REQUIRED IN ALL BOXED AREAS