

Name: _____ Male Female

Address: _____

Phone #: _____ Email: _____

Home School: _____

Special Dietary Needs: _____

Do you have a medical history or use any medications of which we should be informed:

Yes No If yes, please explain: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Business #: _____

Email: _____ Fax: _____

Choice of Journey: _____

PAYMENT

Deadline for application is December 8th, 2011. To determine if space is available after deadline, please call Global Journeys. A deposit of \$950 is required with application along with insurance premium if selected. Balance will be due January 15th, 2012. For Cancellation Policy information please see Terms and Conditions on our website.

I will purchase insurance: Yes (amount enclosed with application) No (decline insurance)

Select Type of Insurance: Comprehensive (Medical/Cancellation) \$175 Cancellation \$125

(Based on coverage for entire program and includes applicable taxes)

Payment Amount: _____ Cheque enclosed made payable to Global Journeys - STS Travel
 Visa Mastercard (processed through STS Travel, TICO # 4077491)

Card #: _____ Expiry Date: _____

I grant full authorization for STS Travel/Global Journeys to charge the payment amount on my credit card. I am aware of any cancellation policies and agree not to dispute or attempt to charge back any of the signed for and acknowledged charges noted.

Name on Card: _____ Cardholder Signature: _____

We have read and agree to the Terms and Conditions noted on our website.

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

**MAIL APPLICATION TO GLOBAL JOURNEYS INC. IN C/O OF STS TRAVEL - 239 QUEEN STREET SOUTH
MISSISSAUGA, ONTARIO L5M 1L7 OR: FAX TO GLOBAL JOURNEYS AT 905 812 0913**