

Faculty-Led Trip

**Today’s Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (as on Passport):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date:**

**Address:**

**E-Mail Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please provide email that you check most often.)

**Course Name & Number:**

I understand that by signing this form I am agreeing that I will take part in this program and will be billed for all costs related to this program. My deposit is non-refundable and Marywood will bill my account for all costs due. Prices are subject to change.

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Students Signature Date