

Signature of Parent or Guardian

Office	Use	Only

	ACI3	Regis	ıraııo	пг)TIII									
28132		blue or black ink) . Do	o not sta	aple anyt	hing to t	his for	m.
Program Selection	Please retur	rn this form to: A	CIS, 330 Co	ngress Str	eet, Suit	e 5, Bosi	on, MA	U221U 				_		
Group Leader's Last Name								Group #						
Departure Date (MM/DD/YYYY)]/]/		Program N	lame									
Participant Information	on:													
Last Name (Print all of your		exactly as it app	pears on you	ır passpor	t and/or	birth cer	tificate.)			1 1		—		
First Name							Middle I	Name 		\top	\top	\Box		
Address														
City							1 1	State	Zip					
Mobile Telephone	• 📗 📗			Date of I		/]/		S	эх: 🔾	М	○ F	
Participant														
Billing/Permissions C		fo: Required f	or participa	ants und	er 21 ye	ars of a	age.							
Parent/Guardian First and L	_ast Name					$\overline{}$		Mobile	Telepho	one				
									Ш.	- 📖				
Emergency Contact I														
First and Last Name (of so	meone not tr	raveling with you	ı) 					F	Relation	ship I I		$\overline{}$	$\overline{}$	
Home Telephone				Мо	bile Tele	phone				-				
Rooming and Additio	nal Optio	ns: Please fi	ll in all that	t apply.		(Both partic	ipants must pay a	surcharge	to guarar	itee a twin	or double r	oom)	
I would like to pay for a re		•	_	_	single	with:								
I will book my own roundI would like to extend my	•		J	•		,	ns.)							
I would like ACIS to book	•			•										
Protection Plans: Ple	ase see pa	age 5 or www.a	acis.com/s	tudentsp	arents/i	nsuran	ce for m	nore informa	tion.					
I select the Ultimate-Plus														
I select the Ultimate ProtI decline additional cover			n protection	and limite	d cancei	-ior-any	-reason	coverage)						
Payment: Please pay Minimum Payment: \$200, or					ACIS.				Amour	ın ı			1.	
Select your preferred Pa	_	_	-						Enclos	eu [<u> </u>			
Automatic - Pay in mont	-							_						
Manual - Pay a deposit	now, with a	total of \$500 du	e within 180	days of c	leparture	. Full ba	lance dı	ue 130 days p	re-depa	arture. L	ate fees	apply.		
Signatures I have read the attached ACIS ACIS. I am in good physical										espons	ible for	all amo	ounts	owed
			Signat	ure of Re	gistrant				Date					
All registrants under 21 year ACIS Terms and Conditions a other actions by the minor on assume all risks of loss and ir care/treatment in case of an experience.	and the ACIS the ACIS trip njury that may	Release, and a c. I hereby conse	owing sections gree to be beent to the above	on comple ound there ove minor	e ted: I ar by, and a registran	agree to t's partic	be respo ipation in	onsible for all a n all activities o	ne above imounts organize	owed A ed and/o	ACIS by or provid	the mind ed by A0	or and a	any hereby
<u>-</u> _	5 ,													

Print Name

Date