


# 2014/2015 ENROLLMENT FORM

 **ONLINE:** [efcst.com/enroll](http://efcst.com/enroll)

 **PHONE:** 877-485-4184 Fax: 800-318-3732

 **MAIL:** Send in your Enrollment Form to:

EF College Study Tours

One Education Street

Cambridge, MA 02141

**Please ask your Group Leader to either affix label here or fill out the following:**

Tour # (required for processing Enrollment Form): \_\_\_\_\_

Tour name and requested travel date and year: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Group Leaders should not fill out an Enrollment Form for themselves.

Please make all personal travel requests online by logging in to your account at [efcst.com/login](http://efcst.com/login) after you enroll.

## TRAVELER INFO (PLEASE USE BLOCK CAPITALS ONLY. IMPORTANT! FULL NAME (INCLUDING MIDDLE NAME, IF APPLICABLE) MUST BE AN EXACT MATCH OF YOUR PASSPORT NAME. THERE IS A MINIMUM \$200 PENALTY FOR NAME CHANGES.)

### Passport name

FIRST NAME (NO NICKNAMES, I.E. ROBERT, NOT BOBBY)

\_\_\_\_\_

MIDDLE NAME (IF LISTED OR WILL BE LISTED ON PASSPORT)

\_\_\_\_\_

LAST NAME

\_\_\_\_\_

### Traveler's information

DATE OF BIRTH (MM/DD/YY)

\_\_\_\_\_

GENDER:

☐ Male ☐ Female

ARE YOU A U.S. CITIZEN?

☐ Yes ☐ No

YOU ARE RESPONSIBLE FOR OBTAINING ALL NECESSARY VISAS FOR YOUR TOUR.

TRAVELER'S EMAIL (REQUIRED FOR ALL TOUR COMMUNICATION)

\_\_\_\_\_

### Contact details

MAILING ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

\_\_\_\_\_

HOME PHONE

\_\_\_\_\_

☐ Prefiero comunicación en Español cuando esté disponible.

## EMERGENCY CONTACT (REQUIRED FOR ALL TOUR COMMUNICATION AND IN CASE OF EMERGENCY. EMERGENCY CONTACT SHOULD NOT BE TRAVELING (ON TOUR OR OTHERWISE) DURING THE LENGTH OF THE TOUR.)

### Contact's name

FIRST NAME

\_\_\_\_\_

LAST NAME

\_\_\_\_\_

### Contact's information

RELATIONSHIP:

☐ Parent ☐ Guardian ☐ Relative ☐ Spouse ☐ Friend

GENDER:

☐ Male ☐ Female

☐ Prefiero comunicación en Español cuando esté disponible.

### Contact details

CONTACT'S EMAIL ADDRESS (REQUIRED FOR ALL TOUR COMMUNICATION)

\_\_\_\_\_

HOME PHONE

\_\_\_\_\_

MOBILE PHONE

\_\_\_\_\_

## SIGNATURE (YOUR ENROLLMENT FORM MUST BE SIGNED BELOW BY YOU, AND IF THE APPLICANT IS UNDER 18, BY YOUR PARENT/GUARDIAN.)

I (or my parent/legal guardian if I am a minor enrollee) have fully read and understood EF's "Rules of the Road" ([efcst.com/rules](http://efcst.com/rules)), "Release and Agreement" and "Booking Conditions" ([efcst.com/bc](http://efcst.com/bc)).

I agree to Limited Power of Attorney as per page 7 of the enrollment booklet [efcst.com/bc](http://efcst.com/bc). ☐ YES ☐ NO

Signature of enrollee (or parent/legal guardian if enrollee is a minor) \_\_\_\_\_ Date \_\_\_\_\_



**College Study  
Tours**