

Student Information

First Name _____ Middle Name _____ Last Name _____
 Date of Birth ____/____/____ ___ Male ___ Female TShirt Size: __Sm __M __L __XL __XXL
 Home Address _____
 City _____ State _____ Zip _____
 Student's Home Phone: () _____ Student's Cell : () _____
 Email: _____
 High School _____ GPA _____ Grade (entering this fall) _____
 Mother's Name _____ Phone () _____ Cell () _____
 Email _____
 Fathers's Name _____ Phone () _____ Cell () _____
 Email _____
 Roommate/Friends Name (*optional*) _____

Emergency Information (*if different from above*)

Name _____ Relationship _____
 Home Phone: () _____ Cell Phone: () _____

I have read the Grand College Tours rules and regulations and the Grand College Tours Terms and Conditions. I will complete the Medical Release Form prior to departure.

Parent/Guardian Permission: As a legal guardian I give permission for the registrant to participate in all phases of Grand College Tours activities and off-site trips. I hereby assume all risks or loss and injury that may be incurred, directly or indirectly, as a result of such participation. I understand and agree to cooperate with all regulations. I have read the Grand College Tours Rules and Regulations and Terms and Conditions. I will not allow registrant to attend if not in good physical condition. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian. I understand that when participating in Grand College Tours activities the registrant may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional materials, news releases and other published formats, and will be the sole property of Grand Edventures, Inc. its assigns or successors.

Grand Edventures, Inc. reserves the right to reschedule or cancel a tour with fewer than 20 travelers. If an insufficient number of travelers register for your tour, we will offer you a choice: pay a Small-Group Supplement Fee to allow the tour to operate; choose another tour and/or departure date with a sufficient number of travelers; or cancel your tour without penalty. This application will be approved when Grand Edventures deems it accepted. Deposit is non-refundable, final payments are due within 30 days of departure.

Student's Signature _____ Date _____

Parent's/Legal Guardian Signature _____ Date _____

June 18, 2018 - June 27, 2018

\$2599 Per Student

- Double on-campus University of Florida accommodations, 3 meals daily, campus visits/tours, courses and prep, sightseeing and evening activities.
- Optional \$149 Charter Round-trip bus from Coral Springs/Parkland Boca Raton West Palm Beach Florida
- Will meet the Tour in Orlando, no additional charge
- Optional \$99 Travel protection includes Medical and Cancellation Insurance

Deposit \$300.00 Checks Payable to GRAND EDVENTURES

Mail to: Grand Edventures, Inc. P.O. Box 970694, Boca Raton, FL 33497
(954) 354-1080 or Toll Free 1 (877) 354-1080

___ VISA ___ MC ___ AMEX ___ DISCOVER ___ CHECK ENCLOSED

Credit Card No. _____

Expiration Date _____ Security Code: _____

