



# Cultural Connections Group Tours

TEL 1-800-724-TRIP FAX (585) 697-3591  
39 Saginaw Drive, Suite 24, Rochester, NY 14623

# INTERNATIONAL TOUR APPLICATION

**Please TYPE or PRINT CLEARLY**

*Read and sign the Agreement & Release located on the reverse,*

*Submit with your deposit by the Registration Deadline indicated on your Tour Preliminary Itinerary.*

Tour Name \_\_\_\_\_ Tour Dates \_\_\_\_\_

Group/School Name \_\_\_\_\_

Teacher or Group Leader \_\_\_\_\_

TRAVELER TYPE:  Student  Adult Participant (>18 yrs)  Group Leader/Chaperone

**\*\*Please provide your full legal name EXACTLY as it appears on your Birth Certificate and Passport\*\***

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE, IF ON PASSPORT)

Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Traveler Email (for correspondence) \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Gender:  Male  Female

Passport Number\* \_\_\_\_\_ Exp. Date \_\_\_\_\_

*\*If you do not have your Passport yet, be sure to apply right away. Passport application, fees, and instructions can be found online at [www.travel.state.gov/passport](http://www.travel.state.gov/passport). You will be required to submit this information 60 days prior to your trip departure.*

Please indicate any health conditions or concerns (e.g., allergies, medications, etc.): \_\_\_\_\_

Dietary Restrictions (Vegetarian, Vegan, Gluten Free, etc): \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health insurance company & policy number: \_\_\_\_\_

*\*If health insurance information is left blank, proof of coverage or other travel insurance will be required at least 30 days prior to departure.*

***If traveler is under 18 years of age, please complete below ~***

Parents/guardians Name \_\_\_\_\_  
(LAST) (FIRST)

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Address (if different) \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Alternate Emergency Contact & Phone: \_\_\_\_\_

### ***Payment/Billing Information ~***

Amount of Deposit Enclosed: \$ \_\_\_\_\_ (*Refer to Preliminary Itinerary for amount required*)

***Deposit Method (check one below):***

- Check/Money Order - Payable to Group Tours, Inc. with traveler's name and tour # in the memo
- Cash - Attach at your own risk ONLY if approved by your group leader in a sealed, labeled envelope
- Credit Card - Visa, Mastercard or Discover accepted by phone only, please call with credit card information

**Please Send Invoices By:**  Email (to email address below\*)  Regular Mail (USPS)

**Parent/Adult Email Address\*** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

*\*Please note, invoices will be sent to this address unless "Regular Mail (USPS)" is checked above*

### ***FOR OFFICE USE ONLY***

DATE RCVD \_\_\_\_\_ DEPOSIT RCVD \_\_\_\_\_ RCVD BY \_\_\_\_\_ CLEARED/COMPLETE \_\_\_\_\_