Everett Community College Costa Rica Study Abroad - Art/English APPLICATION June 15-30, 2013

Please reserve a spot for me. I am submitting the following signed forms:

- Application, Medical History, CPI Enrollment form
- Trip contract
- Participation agreement and liability waiver

Hand-deliver or mail all forms to:

Linda Berkley, Studio Art Faculty Re: Costa Rica Study Abroad Office: Whitehorse #308 Everett Community College 2000 Tower Street, MS# 167 Everett, WA 98205

 I have also deposited my initial nonrefundable check for \$200.00 payable to Everett Community College (write "Costa Rica Study Abroad" in the memo line) with the Everett Community College cashier's office. (Retain receipts for your records and proof of deposit.) I agree to pay the remaining program balance of \$1,800.00 by the final payment deadline of May 17, 2013. I understand the additional costs of passport, airfare, EvCC tuition and personal expenses are my responsibility.

I understand that the program is limited to 20 students, that enrollment of qualified students is guaranteed as initial deposit checks are received, and that I will be notified via email as soon as my application arrives. I certify that I will be 18 years old by June 15, 2013. If not, I will call program faculty Linda Berkley, 425-388-9318 or Phebe Shen, 425-388-9410 to receive permission guidelines for minors 16 or 17 years old.

Name:	_ Student number:		
Mailing address:			
City:	State/Zip Code:		
Phone: ()	Email:		
In case of emergency, notify:			
Name:	Relationship:		
Address:			
City:	State/Zip Code:		
Phone: ()	Email:		

Costa Rica Study Abroad MEDICAL HISTORY FORM

Name:			
Primary Insurance Company:		Policy #:	
Food restrictions/Special food requin			
Allergies:	Explain:		
Medications:	Explain:		
Relevant medical history (injuries, d	isease, etc.):		

Costa Rica Study Abroad ENROLLMENT FORM CPI Spanish Immersion School in Heredia

Last name:		_ First name:			
Gender (circle one): Male	Female Occu	pation:			
Date your program starts: Ju	une 16 (Language t	testing, Orientation	on), June 17-21	(Daily Spanish classes)	
Date of birth://		Age:	Marital Statu	s:	
Address:					
City:		State/Zip Cod	le:	_ Country:	
Phone: ()		Email:	_ Email:		
Spanish Level (circle one):	Beginner	Intermediate	Advanced	Superior	
Please describe your ability	to understand and	speak Spanish: _			
Please also indicate if you h vegetarian:	nave any allergies, l	health problems	or food restrictio		
Please also mention any inte	erests and hobbies	that you have: _			
airport pickup from San Jos your arrival information to leaders Linda Berkley, Iber one week before your arriva	ve into San José (S. sé (SJO) is offered Jonle Sedar, jonle_ kley@everettcc.eo al date.	JO) on Saturday to students who s _sedar@cpi-edu du , and Phebe Sł	y , June 15th befo stay in a CPI acc a.com, CPI Grou nen, pshen@eve	ore your classes begin. Free commodation. Plan to email ups Manager and to trip erettcc.edu, no less than	
Arrival Date:	Time (note in	military time):	Loca	tion: San José (SJO)	

Airline: