

Council-Sponsored Savannah Trip Registration Form

June 27-30, 2016

Please fill out both pages of this registration form. An EF Enrollment form is required for each person attending.

Service Unit _____ Troop _____

Must be in grades 5th-7th during the 2014-2015 school year to be able to attend.

Girl Scout Name _____				
Address _____				
Street	City	State	Zip	
E-Mail _____				
Telephone () _____	() _____	() _____		
Day	Evening	Cell		

Girl/Adult Fees

The below costs are estimates based on airline fares and fuel charges in **November 14, 2014**. The amounts may have to be adjusted for increased fuel charges or other increases not under Girl Scouts control. Final cost will be determined at the time of airline ticket purchase.

Number of registered Girl Scouts participating (Quad only)	_____ X \$1440	= _____
Number of adults participating (Quad only)	_____ X \$1440	= _____
Total Due		\$ _____
Deposit Fee per person due at time of registration	_____ X \$155	= _____
Total Due minus the Registration Fee		\$ _____

Please make our deposit check payable to **Girl Scouts of NE Kansas and NW Missouri**.

****Once the council has received this registration form and a \$155 deposit per person, you will receive a confirmation email with information on how to set-up your payments****





☐

Check this box to discuss accommodations regarding needs or facilities to help you or your girls participate in this event. A member of our staff will contact you.

Mail these forms with fees to:

Girl Scouts of NE Kansas & NW Missouri
8383 Blue Parkway
Kansas City, MO 64133

ENROLLMENT FORM

 **ONLINE:** eftours.com/enroll
 **PHONE:** 800-665-5364 Fax: 800-318-3732
 **MAIL:** Send in your Enrollment Form in the prepaid envelope provided to: EF Educational Tours, 8 Education Street, Cambridge, MA 02141
 Please do not send cash payments.

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.

A non-refundable \$95 deposit must be paid at the time of enrollment. Please make all special travel requests online by logging in to your account at eftours.com/login after you enroll.

Please staple check here.
(if applicable)

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 FEE 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 information
 DATE OF BIRTH (MM/DD/YY) GENDER: ☐ Male ☐ Female ARE YOU A U.S. CITIZEN? ☐ Yes ☐ No
 TRAVELER'S EMAIL (REQUIRED FOR ALL TOUR COMMUNICATION)
 MAILING ADDRESS
 CITY STATE ZIP
 HOME PHONE
☐ Prefiero comunicaci3n en Espa1ol cuando est3 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 name
 FIRST NAME
 LAST NAME
 Contact information
 RELATIONSHIP: ☐ Parent ☐ Guardian ☐ Relative ☐ Spouse ☐ Friend GENDER: ☐ Male ☐ Female ☐ Prefiero comunicaci3n en Espa1ol cuando est3 disponible.
 Contact details
 CONTACT'S EMAIL (REQUIRED FOR ALL TOUR COMMUNICATION)
 HOME PHONE MOBILE PHONE

ALL-INCLUSIVE COVERAGE PLAN

☐ Yes, I want to protect myself by enrolling in the All-Inclusive Coverage Plan. Learn more at eftours.com/coverage.

PAYMENT INFORMATION Please so not fill this portion out.

Billing information:
 Account/cardholder's name: _____
 Billing address if different from traveler address: _____
 Billing email: _____
 Account/cardholder's signature: _____
☐ Please do not enroll me in paperless billing. I want to receive bills by mail.
 CHOOSE TO PAY IN FULL TODAY OR SELECT ONE OF OUR PAYMENT PLAN OPTIONS TO THE RIGHT.
☐ **Pay in full today**
 IF PAYING BY ATM/DEBIT CARD OR CREDIT CARD (CARD MUST DISPLAY VISA OR MASTERCARD LOGO), PLEASE PROVIDE:
 ATM/debit card or credit card number: _____
 Billing ZIP code: _____ Expiration date: ____ / ____
☐ **Automatic Payment Plan - Free**
 IF YOU ARE NOT PAYING IN FULL TODAY, CHOOSE ONE OF THE FOLLOWING PAYMENT PLANS:
 Select your monthly charge date: ☐ 7th ☐ 14th ☐ 21st ☐ 26th
 Additional dates and bi-weekly options are available after enrollment. Call 800-665-5364.
 IF PAYING BY CHECKING ACCOUNT, PLEASE PROVIDE:
 Bank routing number: _____ Checking account number: _____
 IF PAYING BY ATM/DEBIT CARD (CARD MUST DISPLAY VISA OR MASTERCARD LOGO), PLEASE PROVIDE:
 ATM/debit card number: _____
 Billing ZIP code: _____ Expiration date: ____ / ____
☐ **Manual Payment Plan - \$50 plan fee**
 IF PAYING BY CHECKING ACCOUNT, PLEASE PROVIDE:
 Bank routing number: _____ Checking account number: _____
 IF PAYING BY ATM/DEBIT CARD OR CREDIT CARD (CARD MUST DISPLAY VISA OR MASTERCARD LOGO), PLEASE PROVIDE:
 ATM/debit card or credit card number: _____
 Billing ZIP code: _____ Expiration date: ____ / ____

Total amount to be processed at time of enrollment (Without coverage plan: \$95 minimum; with coverage plan: \$250) \$: _____

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 completely read and fully understand EF's "Booking Conditions," "Payment Plan Terms and Conditions," "Paperless Billing," "Cancellation Policy," "Release and Agreement" and "Rules of the Road" as supplied herewith, and incorporated herein by reference and agree to be bound by, and to cause the above enrollee to comply with the "Booking Conditions," "Release and Agreement" and "Rules of the Road."
 I confirm that I am an authorized user of the credit/debit card or bank account provided and I understand that this charge will show up on my statement credited with today's date in the next 2-3 business days.
 I agree to Limited Power of Attorney as per page 14. ☐ YES ☐ NO
 Signature of enrollee (or parent/legal guardian if enrollee is a minor) _____ Date _____

Cut along dotted line.