

# passports TEACHER-COUNSELOR APPLICATION 2012-2013

389 Main Street, Spencer, MA 01562-1924 Toll-Free 1-800-332-7277 Fax (508) 885-7329

## PERSONAL DATA

All information must match passport for correct issuance of airline ticket. Do not use nicknames. Fees will apply for name changes (please print clearly).

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
(must match passport — no nick-names please!)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(please do not abbreviate city)

HOME TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ ALTERNATE PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER MALE  FEMALE

CITIZEN OF (country) \_\_\_\_\_  
(All travelers are responsible for obtaining proper passport and visas for the countries you are visiting.  
See Release and Agreement, paragraph #20.)

NAME OF EMERGENCY CONTACT \_\_\_\_\_ TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
(name and telephone of person not traveling with you)

## TOUR GROUP DATA

(This information must be provided to allow processing.)

MAIN TEACHER/GROUP LEADER \_\_\_\_\_

SCHOOL AFFILIATION \_\_\_\_\_ SCHOOL PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

ITINERARY NAME \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_ DEPARTURE CITY \_\_\_\_\_

This group will purchase extra days in the following city \_\_\_\_\_, at the  beginning  end of our program.

*It is not necessary to send a deposit with this form.*

## MEDICAL / HEALTH DATA

Please send a confidential letter to **passports** concerning any medical conditions which could affect your travel.

## STIPENDS AND BONUSES

SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (Necessary to process your stipend/experience bonus)

Please indicate the **number** of participants to be assigned to your credit here \_\_\_\_\_

Do you have group organizational experience with **passports** or another educational travel company?  Yes  No

I am requesting single accommodations. (Fees may apply.)

Some of my travelers qualify for the 20% family/faculty discount.  Yes  No Please list on a separate sheet if applicable.

*Special terms and/or fees apply for single rooms and family/faculty discounts. Please see Terms & Conditions. Contact passports for details*

## SIGNATURE

PLEASE SIGN HERE

I have read and understand **passports** 2012-2013 Terms and Conditions and the Release & Agreement as they appear in the current catalog, as well as the Teacher-Counselor Terms and Conditions appearing on the reverse side of this form, and I agree to accept these conditions, including the portions regarding cancellations, refunds, reassignment of payees, rooming and payment terms.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FOR OFFICE USE ONLY:

TID # \_\_\_\_\_ PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_

SID# \_\_\_\_\_ CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_