

COLLEGE TOUR PROGRAM STUDENT REGISTRATION CONTRACT



HIGH SCHOOL NAME: _____

TOUR NAME: _____

TOUR DATES: _____

Questions regarding availability should be directed to NIEP College Preview at (800) 888-6437 or collegepreview@niep.com. Please complete every section of this registration contract.

PLEASE PRINT LEGIBLY TO ENSURE PROPER TOUR REGISTRATION.

RETURN CONTRACT

Return completed form to:
NIEP College Preview
2042 Business Center Dr., #200
Irvine, CA 92612
Fax (949) 833-7849

PAYMENT

Total Program Fee
\$ _____
Deposit Amount
\$ _____
Deposit Date Paid

Balance Amount
\$ _____
Balance Date Paid

PAYMENT TYPE

Check
 Credit Card:
 VISA
 Mastercard
Credit Card Number

Expiration Date

Amount
\$ _____
Cardholder Signature

OFFICE USE ONLY

Deposit Paid
Amount: \$ _____
Date: _____
 Balance Paid
Amount: \$ _____
Date: _____

STUDENT PARTICIPANT INFORMATION

Student Name _____ Sex _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Age _____ Birthdate _____
Parent/Guardian Name _____ Emergency Phone _____

PARTICIPANT HEALTH RECORD

I am in good health and am able to travel without medical supervision.
 I am am not presently taking medication (specify if taking medication).
 I am am not presently in the care of a physician.
Health Insurance Company Cover in Participant _____ Policy Number _____

ROOMING REQUESTS

I request the following room arrangements for the tour program (select one):
 Normal room guarantee (2 persons/bed).....no additional charge
 Double room guarantee(1 person/bed).....\$50/night additional charge
 Single room guarantee (1 person/room).....\$100/night additional charge
Please specify any other special requests (including roommate preferences)

Request Fee _____ Program Fee _____ Total Adjusted Program Fee
\$ _____ \$ _____ \$ _____
Parent/Guardian Signature _____

AUTHORIZATION & SIGNATURES

I understand NIEP College Preview's terms of liability and conditions for the CP program and (as representative of the participant) agree to be bound by them.

Student Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____