

EXCURSION Registration Form

NAME OF **CHIC CONTACT** _____
 CHURCH _____
 CHURCH ADDRESS _____
 CITY _____ STATE/PROV _____ ZIP _____
 EMAIL _____ FAX _____
 PHONE _____ TODAY'S DATE _____ / _____ / _____

Instructions for PARTICIPANT:

- Each student and counselor may select the 2 excursions he/she would most like to attend.
- Each Staff may select the 1 excursion he/she would most like to attend.
- In the spaces below, write the name of the excursions you wish to register for, the day that you would prefer to attend this excursion, as well as the price of the excursion and the total amount due.
- Every effort will be made to register each person for their first choices in excursions and days. However, if the day you select is full, you will be assigned to that excursion for a different day.
- All excursions will be filled on a 1st come, 1st served basis. Please list 3 alternate excursions that you would be interested in attending. If one or both of your first 2 choices are sold out at the time that you register, you will be placed in one of your alternates. If you are only interested in one or two excursions, then do not list any alternates. Your money will be returned if your main selections are full.
- Once you have completed your selections, submit your payment and this registration form to your group leader.

PARTICIPANT'S NAME _____

Each student and counselor is limited to 2 excursions and each staff is limited to 1 excursion during pre-registration.

Excursion Name	Preferred Day	Price of Excursion
1. _____	_____	_____
2. _____	_____	_____
		Total Due: _____

IMPORTANT: Please list up to 3 excursion alternates (different from those above) including name of excursion and preferred day:

1. _____
 2. _____
 3. _____

Mark the days on which you are UNABLE to go on excursions, if any: Mon 7/13 Tue 7/14 Wed 7/15 Thu 7/16

PAYMENT INFORMATION

Individuals should return their Excursion Individual Registration Form to their CHIC Contact along with payment. Payment may be made by check, payable to: The University of Tennessee, or credit card (Visa, MC, American Express, Discover).

Pay by: Check **OR**

Make check payable to

"The University of Tennessee"

Visa Mastercard American Express Discover

Card Number _____ Expiration Date _____

Name on card _____

I authorize this card to be charged for the total price of the final two excursions for which I am scheduled. This amount could be different from the "Total Due" listed above and will be based on excursion availability at the time I register.

Signature _____

Please note: A group confirmation letter will be mailed to the CHIC Contact with final excursion registrations listed for each person. **No excursion cancellations are permitted, but substitutions are welcome.**