



Please make sure of the following:

1. Complete Reservation Form & SIGN FORM.
2. Attach a deposit check in the amount listed in Official Brochure payable to ASTA.
3. Give everything to Organizing Teacher, do not mail in directly to ASTA

ORGANIZING TEACHER'S LAST NAME:

ORGANIZING TEACHER'S SCHOOL:

PARTICIPANT INFORMATION (PLEASE PRINT CLEARLY - ONE LETTER PER BLOCK):

LEGAL LAST NAME
(AS IT APPEARS ON YOUR PASSPORT)

LEGAL FIRST NAME
(AS IT APPEARS ON YOUR PASSPORT) MIDDLE INITIAL

MAILING ADDRESS:

SPECIFIC STREET ADDRESS

CITY STATE ZIP

- - - -
CELL PHONE HOME PHONE (IF APPLICABLE)

/ /
DATE OF BIRTH CITIZENSHIP

E-MAIL ADDRESS

EMERGENCY CONTACT INFORMATION (PLEASE PRINT CLEARLY - ONE LETTER PER BLOCK):

LAST NAME FIRST NAME

- - - -
CELL PHONE HOME PHONE

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS INCLUDED HEREIN AND WITHIN THE ASTA OFFICIAL BROCHURE AND AGREE TO ACCEPT ALL SUCH TERMS AND CONDITIONS THEREIN.

ADULT TRAVELER SIGNATURE: _____ **DATE SIGNED:** _____