



**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

/   /

DATE OF BIRTH

CITIZENSHIP

MALE

FEMALE

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.

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_

*IF THE TOUR PARTICIPANT IS UNDER 18 YEARS OF AGE AT THE DATE LISTED ON THE REGISTRATION FORM, IT IS REQUIRED THAT A LEGAL PARENT OR GUARDIAN SIGN THE SAME FORM.*

I CERTIFY THAT I AM THE LEGAL PARENT OR GUARDIAN OF THE APPLICANT AND 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. BY SIGNING I AM BOUND TO THIS AGREEMENT AND ITS TERMS AND CONDITIONS ON MY BEHALF AND ON BEHALF OF THE PARTICIPANT.

**PARENT OR GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_