

# 2017 Art Trek Registration \*\*\*This is NOT a school sponsored trip.\*\*\*

## Personal Information

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

Participant email: \_\_\_\_\_

Food or medical issues: \_\_\_\_\_

## Parent/Emergency Contact Info

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Payment

Please pay via check or money order made payable to **Colleen Phelon Hall, LLC**.

Amount enclosed: \$ \_\_\_\_\_

Deposits are **NON-refundable** unless the trip is cancelled due to lack of participants. This will be announced on **Dec. 2, 2017** at which point deposits will be returned if the trip is cancelled.

The total cost of this trip is **\$3500**. **A deposit of \$700 is due within two weeks on Nov. 18. Four** additional payments of **\$700** are due on the monthly thereafter (Dec. 16, Jan. 17, Feb. 17, Mar.17 ) **Failure to make payments on time and/or non-completion of required paperwork will forfeit all monies paid.**

## Signatures

I have read the attached Terms and Conditions and the Liability release form and agree to be bound thereby, and agree to be responsible for all amounts owed. I am in good physical condition and mental health and am able to travel without special medical supervision or special counseling.

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

### All registrants under 21 years of age must have the following section completed:

I am the parent/legal guardian of the above minor registrant. I have read the Terms and Conditions and the Liability release form and agree to be bound thereby, and agree to be responsible for all amounts owed by the minor and any other actions by the minor on this trip. I hereby consent to the above minor registrant's participation in all activities organized on this trip. I hereby assume all risks of loss and injury that may be incurred, directly or indirectly, as a result of any such participation and authorize Jeff Hall or Colleen Hall to arrange for professional care/treatment in case of an emergency.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_