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**CHAPERONE
EMERGENCY INFORMATION**

Chaperone Name _____

Home Address _____

City _____ Zip Code _____

Date of Birth _____

Cell Phone# _____ Home Phone# _____

E-Mail _____

.....
Emergency Contact Information:

1. Name _____

Cell Ph# _____ Home Ph# _____ Work Ph# _____

E-Mail _____

2. Name _____

Cell Ph# _____ Home Ph# _____ Work Ph# _____

E-Mail _____

.....
Family Doctor Name _____ Phone# _____

Medical Insurance Information:

Name of Insurance _____ Group# _____

Subscriber # _____

List any Allergies:

List of Medications and Dosage:

Special Instructions:

*****PLEASE ATTACH COPY OF HEALTH INSURANCE CARD*****

(See other sheet with "Payment Schedule")

**STUDENT
EMERGENCY INFORMATION**

Student Name _____

Home Address _____

City _____ Zip Code _____

Date of Birth _____

Cell Phone# _____ Home Phone# _____

E-Mail _____

.....
Parent/Guardian Information:

Father/Guardian Name _____

Cell Ph# _____ Home Ph# _____ Work Ph# _____

E-Mail _____

Mother/Guardian Name _____

Cell Ph# _____ Home Ph# _____ Work Ph# _____

E-Mail _____

.....
Family Doctor Name _____ Phone# _____

Medical Insurance Information:

Name of Insurance _____ Group# _____

Subscriber # _____

List any Allergies:

List of Medications and Dosage:

Special Instructions:

CHAPERONE JOBS

- ✚ FOOD/HYDRATION/SNACKS
- ✚ EQUIPMENT CAPTAIN
- ✚ HOTEL CHECK-IN, ROLLAWAY, CHECKOUT BAGGAGE STORAGE TEAM
- ✚ 2 BUS CAPTAINS (BOTH WAYS)
- ✚ FIRST AID
- ✚ DRIVERS (THOSE WHO HAVE RENTED CARS ONLY)
- ✚ CRAZY 8s TEAMS
- ✚ STATIONARY LOBBY TEAMS
- ✚ SCHEDULE CLARIFICATION TEAM
- ✚ LATE NIGHT SECURITY ROTATION CAPTAIN
- ✚ CLOSING CEREMONY PRESENTER PARENT

HOTEL ROOM ASSIGNMENT

Room#		Room#		Room#		Room#	
Chaperone name		Student Name		Student Name		Student Name	
Room#						Room#	
Chaperone Name						Student Name	
		Room#		Room#			
		Student Name		Student Name			
Room#							
Chaperone Name							
				Room#		Room#	
				Student Name		Student Name	
		Room#					
Room#		Student Name					
Chaperone Name							
						Room#	
				Room#		Student Name	
Room#		Room#		Student Name			
Student Name		Student Name					
						Room#	
						Student Name	
		Room#		Room#			
Room#		Student Name		Student Name			
Student Name							
						Room#	
				Room#		Student Name	
Room#		Room#		Student Name			
Student Name		Student Name					

STUDENT OR CHAPERONE REGISTRATION FORM

(Separate Forms per Person)

STUDENT NAME _____

CELL PHONE # _____

CHAPERONE NAME _____

CELL PHONE # _____

AIRLINES

_____ Purchasing Group Ticket and
Traveling With the Group

_____ Purchasing Group Ticket and
Traveling With the Group

_____ Coming On the Trip, NOT
Purchasing Group Ticket
(Traveling with Parent or
Guardian-No Exceptions)

_____ Coming On the Trip, NOT
Purchasing Group Ticket

TICKETING INFORMATION FOR THOSE FLYING WITH THE GROUP

NAME _____, _____, _____ Male/Female _____

First Name Middle Name Last Name Birth Date:
(mm/dd/yyyy)

T-SHIRTS/SPIRIT WEAR

CIRCLE SIZE: **Youth** M: (10-12) L: (14-16) XL: 18-20)

CIRCLE SIZE: **Adult:** S M L XL XXL XXXL

ALL CHECKS MADE OUT TO Your School

Deposit AND Payment Options: (Initial Deposit due at Parent meeting by....

Deposit:

_____ \$100.00 Check (Deposit)

_____ \$105.00 Pay Pal (Deposit)

OR:

_____ \$830.00 Total Student With Airfare (SAMPLE PRICING)

_____ \$405.00 Total Student Without Airfare

_____ \$740.00 Chaperone With Airfare

_____ \$345.00 Chaperone Without Airfare

CHAPERONE REGISTRATION FORM

(Separate Forms per Person)

CHAPERONE

CHAPERONE NAME _____

CELL PHONE # _____

AIRLINES

_____ Purchasing Group Ticket and Traveling With the Group

_____ Coming On the Trip, NOT Purchasing Group Ticket

TICKETING INFORMATION FOR THOSE FLYING WITH THE GROUP

NAME _____, _____, _____ Male/Female _____
First Name Middle Name Last Name Birth Date:
(mm/dd/yyyy)

T-SHIRTS/SPIRIT WEAR (complementary for Chaperones)

Your School

CIRCLE SIZE: **Youth** M: (10-12) L: (14-16) XL: 18-20)

CIRCLE SIZE: **Adult:** S M L XL XXL XXXL

ALL CHECKS MADE OUT TO Your School

Deposit AND Payment Options: (Initial Deposit due at Parent meeting or by Your Due Date)

Deposit:

_____ \$100.00 Check (Deposit)

_____ \$105.00 Pay Pal (Deposit)

OR:

_____ \$830.00 Total Student With Airfare (SAMPLE PRICING)

_____ \$405.00 Total Student Without Airfare

_____ \$740.00 Chaperone With Airfare

_____ \$345.00 Chaperone Without Airfare

(See other sheet with "Payment Schedule")