

REGISTRATION

NEW YORK THEATRE EXPERIENCE 2020

Please complete this form to register your student or yourself for the Chain of Lakes Middle School Field Trip to New York City in June 2020. Please email this form to **ynitours@gmail.com**, with subject line **COLMS**. This information is not shared with other parties, is kept strictly confidential, and is shredded upon disposal.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Preferred Phone #: _____

Email Address (Main method of contact): _____

The below fields are only necessary if the parent or guardian is attending the field trip

DOB: _____

Sex: _____

STUDENT INFORMATION:

Ensure the information below is accurate, as any errors could delay registration or prevent the student from boarding airplanes.

Students Full Legal Name: _____

Student's Date of Birth: _____

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Does your student require: (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): _____

ACCOMMODATIONS:

I would like to share room accommodations with:

I would like special hotel accommodations (private room and board may incur additional charges): _____

_____ I am registering just my student

_____ I am registering both myself and my student

_____ I am registering just myself

Notes: _____

Parent/Guardian Name: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____