



2601 Blanding Avenue, #133 • Alameda, CA 94501
 510-967-7619 (office) 510-336-3305 (fax)

www.university-tours.com

UTours Application

| Student Information | |
|---|--|
| Student Name | |
| Date of Birth | |
| Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| High School | |
| Current Grade | <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Freshmen |
| Name of High School Counselor/Teacher | |
| Student E-mail | |
| Student Cell Phone | |
| How did you learn about University Tours, Inc.? | |
| Health Information | |
| Current Medical Conditions | <input type="checkbox"/> I am in good health and able to travel without medical supervision. <input type="checkbox"/> I am <input type="checkbox"/> am NOT presently taking medication (specify medication). <input type="checkbox"/> I am <input type="checkbox"/> am NOT presently in the care of a physician. |
| Health Insurance Provider | |
| Policy Number/Group Number | |
| Tour Information | |
| Tour Choice | <input type="checkbox"/> Southern California UTour <input type="checkbox"/> Northern California UTour <input type="checkbox"/> California Central UTour <input type="checkbox"/> Customized UTour _____ |
| Tour Dates | |
| Rooming Request (Please select one) | <input type="checkbox"/> Standard (2 persons/bed).....no additional charge <input type="checkbox"/> Double (1 person/bed).....\$50/night additional charge <input type="checkbox"/> Single (1 person/room).....\$100.00/night additional charge |
| Special Request: i.e.: Roommate request must be mutual and same gender, Airport pick-up, etc. | |

| Parent/Guardian Information | |
|--|---|
| Name of Parents/Guardian | |
| Mailing address | |
| E-mail Address | |
| Phone (Home) | |
| Phone (Work) | |
| Phone (Cell) | |
| Fax | |
| Payment Information | |
| Tour Fee | |
| Additional Charges (i.e.: single or double room surcharge) | |
| TOTAL DUE | |
| Tour Deposit Amount | \$175.00 |
| Remaining Balance | |
| Payment Method | <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC |
| Cardholder's name | |
| Credit card number | |
| Credit card expiration date | |
| Cardholder's Signature | |
| Signatures/Consents | |

I have read, signed, and consent to the University Tour, Inc. Terms and Conditions.

Parent's/Guardian's Signature

Date

Student's Signature

Date

Please return completed applications to:

**University Tours, Inc.
2601 Blanding Avenue, #133
Alameda, California 94501
FAX: 510-336-3305**

Office Use Only

Tour Deposit Paid

Tour Balance Paid

Amount: \$ _____

Amount: \$ _____

Date: _____

Date: _____