

2024 Service Trip Chaperone Application

Date//			
Name:			
(as it appears on passport)	FIRST	MIDDLE	LAST
Birthdate:/ Ge	ender: M F Other		
Home Address:			
#	ŧ	STREET	
CITY		STATE	ZIP
Cell phone:			
Email Address:			
*Note: Email is the preferred corvia email. Please inform STW if y	•	•	ensitive information is sent
Emergency Contact:			
Name:			
Relation:	Phon	e Number:	
Email:			
T-Shirt Size (Circle One): S M L XL			
Preferred Trip (Circle One): Febru	ary 18-25 (Panama) I	March 16-23 (Panama)	April 13-20 (Panama)

July 15-22 (Guatemala) July 29-August 5 (Honduras)



-	any dietary restrictions? list them below:	Yes	No
D	and the state of t		for the control of the 2 March
	any allergies to medicati elist all allergies:	ions, 1	food, environmental or other? Yes No



CREDIT CARD INFORMATION

Chaperones are required to pay \$2,600. This covers all expenses, including travel and transportation, food, accommodations, insurance, etc. The card will not be charged without notification but is required to be on file.

Participant Name:			
American Express Visa MasterC	Card		
Expiration Date: (MM/YY)/	CSC:		
Account Number:			
Name on Card:			
Address:			
City:	State:	Zip Code:	
Phone:	E-Mail:		
X			
Signature of Card Holder		Date	
A non-refundable deposit of \$500 is dubelow if you are sending a check along charged.	• •	•	
A check for \$500 is included with this	application or b	eing mailed to STW offices.	
Please charge the credit card on file fo	or \$500.		
We have reviewed and agreed to th	e refund policy	as listed on STW's website.	
X			
Applicant Signature		Date	

School the World 109 State Street Suite 403 Boston, MA 02109

Please submit a copy of your passport with application, unless discussed with Meg.

You can scan and email your application to **Meg at meg.gilman@schooltheworld.org** or mail it to: