



Do you have any dietary restrictions? Yes No

If Yes, please list them below:

Do you have any allergies to medications, food, environmental or other? Yes No

If yes, please list all allergies:



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 ___ MasterCard ___

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 due with this application. Checks are preferred. Please indicate below if you are sending a check along with the application or if you want the credit card provided to be charged.

___ A check for \$500 is included with this application or being mailed to STW offices.

___ Please charge the credit card on file for \$500.

___ We have reviewed and agreed to the refund policy as listed on STW's website.

X _____

Applicant Signature

Date

Please submit a copy of your passport with application. You can scan and email your application to **Meg at meg.gilman@schooltheworld.org** or mail it to:

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