



# CHAPERON REGISTRATION FORM FRANCE 2011

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www.VistasInEducation.com

*Complete and return to organizing teacher.  
Use legal name as it will appear on your passport.*

NAME OF ORGANIZING TEACHER \_\_\_\_\_

LAST NAME

FIRST NAME

M.I.

HOME ADDRESS \_\_\_\_\_

CITY

STATE

ZIP CODE

BIRTH DATE: \_\_\_\_\_

\_\_\_ MALE

\_\_\_ FEMALE

COUNTRY OF CITIZENSHIP \_\_\_\_\_

(MM/DD/YY)

ARE YOU A TEACHER? \_\_\_ YES \_\_\_ NO

IF YES, WHAT SUBJECT? \_\_\_\_\_

PLACE OF EMPLOYMENT

WORK ADDRESS

CITY

STATE

ZIP

( )

( )

WORK PHONE

HOME PHONE

EMAIL

**ROOMING REQUEST: Chaperons normally share a double room with the organizing teacher or another chaperon from the group. If none of the following apply to you, VIE will make your room arrangements for you.**

- I wish to room with the organizing teacher, \_\_\_\_\_, or with another adult, \_\_\_\_\_.
- I wish to room with my spouse, \_\_\_\_\_, who is also traveling with our group.
- I wish to have a single room and I understand I must pay a substantial charge for my single room as indicated below.

**SINGLE ROOM SURCHARGE:**

10 Day Program: \$300      15 Day Program: \$500      22 Day Program: \$800

**Special meals you require for your flights:** \_\_\_\_\_

**MEDICAL:** (Note allergies, medication, past history or specific instructions in case of emergency)

**EMERGENCY CONTACT:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Chaperon Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_