



CHAPERON REGISTRATION FORM FRANCE 2012

1422 West Lake Street
Minneapolis, MN 55408
tel: 612.823.7217
fax: 612.823.9064

12, Rue Sainte Anne
75001 Paris, France

www.VistasInEducation.com

Complete and return to the Organizing Teacher

Please write your name exactly as it appears on your passport

NAME OF ORGANIZING TEACHER

LAST NAME

FIRST NAME

MIDDLE NAME

HOME ADDRESS

CITY

STATE

ZIP CODE

BIRTH DATE: _____

(MM/DD/YY)

___ MALE

___ FEMALE

COUNTRY OF CITIZENSHIP _____

ARE YOU A TEACHER? ___ YES ___ NO

IF YES, WHAT SUBJECT? _____

PLACE OF EMPLOYMENT

WORK ADDRESS

CITY

STATE

ZIP

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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: _____