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# CHAPERON REGISTRATION FORM

*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 neither 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 will pay a substantial charge for my single room

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