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ORGANIZING TEACHER REGISTRATION FORM

Complete and return with your student registrations.

Use legal name as it will appear on your passport.

 LAST NAME FIRST NAME M.I.

 HOME ADDRESS

 CITY STATE ZIP CODE

BIRTH DATE: _____ MALE or FEMALE? _____ COUNTRY OF CITIZENSHIP _____

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 HOME PHONE CELL PHONE HOME EMAIL

 SCHOOL NAME

 SCHOOL ADDRESS

 CITY STATE ZIP

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 SCHOOL PHONE EXT. SCHOOL FAX

How do you prefer to be contacted?

Phone

Email

 SCHOOL EMAIL

ROOMING REQUEST:

Teachers will normally share a double room with another teacher from their combined group of schools.

- I wish to room with my second chaperon, _____.
- I wish to room with my spouse, _____, who is also traveling with our group.
- I do not have a second chaperon and wish to room with another teacher from my combined 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)

Teacher Signature: _____ **Date:** _____

EMERGENCY CONTACT:

Name: _____ **Relationship:** _____

Phone: _____