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**Minneapolis, MN 55408**  
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 12, Rue Sainte Anne  
 75001 Paris, France

# ORGANIZING TEACHER REGISTRATION FORM FRANCE 2012

*Complete and return with your student registrations*

**Please write your name exactly as it appears on your passport**

\_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME

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

\_\_\_\_\_  
 CITY STATE ZIP CODE

BIRTH DATE: \_\_\_\_\_ MALE or FEMALE? \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_

( ) ( )

\_\_\_\_\_  
 HOME PHONE CELL PHONE HOME EMAIL

\_\_\_\_\_  
 SCHOOL NAME

\_\_\_\_\_  
 SCHOOL ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP

( ) ( )

\_\_\_\_\_  
 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 Organizing Teacher from their combined group of schools.**

- I wish to room with my second chaperon, \_\_\_\_\_, or with another adult, \_\_\_\_\_.
- 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 Organizing Teacher from my combined 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)

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACT:**

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

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