LACROSSE 2015 TOUR REGISTRATION

TRAVELER INFORMATION (please complete one form per traveler)

Check One: ☐ Player ☐ Family ☐ Staff

Shirt Size: (Check One) ☐ S ☐ M ☐ L ☐ XL

Please list your full legal name as it appears on your passport.

First Name: _____ Middle Name: _____ Last Name: _____ Gender: _____

Passport Number: _____ Passport Exp. Date: _____ Date of Birth: _____

PERSONAL CONTACT INFORMATION

Preferred Name: _____ Cell Phone: _____ Home Phone: _____

Email: _____

Permanent Address:

Address: _____

City: _____ State: _____ Zip: _____

Shipping Address (if different than permanent):

Address: _____

City: _____ State: _____ Zip: _____

Preferred Roommate: _____

Travel Package: (Check One) ☐ Land & Air ☐ Land Only

PLAYER ONLY INFORMATION

School Name: _____

Shorts Size: (Check One) ☐ S ☐ M ☐ L ☐ XL

Medical Treatmen Form has been turned in : (Check One) ☐ Yes ☐ No

I am the parent or legal guardian of the above minor applicant. I have completely read and understand the Release and Agreement, Reservation Conditions, Payment Schedule and Cancellation Policy as supplied. The signature below confirms his reservation under those terms.

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN CONTACT INFORMATION (If under the age of 18)

Name: _____ Relation: _____

Phone: _____ Email: _____

I have completely read and understand the Release and Agreement, Reservation Conditions, Payment Schedule and Cancellation Policy as supplied. The signature below confirms my reservation under those terms.

Traveler Signature: _____ Date: _____

Please send your completed form by one of the following methods.

MAIL: Sanders Travel Centre ATTN. Sarah Zamzow | 6115 Camp Bowie Blvd Ste 288 | Fort Worth, TX 76116

E-MAIL: SARAH@SandersTravel.com CONTACT NUMBER: (817) 731-3335 FAX: (817) 731-3336