



SEMINARS INTERNATIONAL, INC. AND PERFORMING ARTS INTERNATIONAL STUDENT ENROLLMENT FORM

PLEASE PRINT OR TYPE ONLY

T# _____ Course Title _____

Proper Legal Name (AS IT DOES/WILL APPEAR ON PASSPORT)

First Name _____ Middle Name _____ Last Name _____ Birthdate _____

M or F

College/University _____

Cell Phone _____ E-Mail Address _____

Campus Address

Street _____

City _____ State _____ Zip _____

Current Phone _____

REQUIRED: Home Address

Street _____

City _____ State _____ Zip _____

Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Office Phone _____

E-Mail Address _____ Cell Phone _____

Passport Information

Are you a U.S. citizen? Y N

Do you have a valid U.S. passport? Y N

Passport Number _____ Expiration Date _____

**IMPORTANT NOTE: PASSPORTS MUST BE VALID FOR AT LEAST
6 MONTHS BEYOND YOUR RETURN DATE.**

If you have a foreign passport, which country is it from? _____

Non-U.S. Citizens are responsible for ensuring that they meet the passport and visa requirements of the countries visited.

Special Requirements

Meal Request:

No Dairy Vegetarian

Gluten Free Vegetarian w/Dairy

Other _____

Health/Physical Restrictions:

Airline Deviation Request

All deviation requests for this course must be received by Seminars International no later than 75 days prior to departure.

I would like to deviate from the group travel arrangements and would like Seminars international to provide assistance. I understand that there is a \$75 service fee plus any additional fees charged by the air carriers. I also understand that the deviation requests must be submitted in writing and that they are only accepted up to 75 days prior to departure.

I would like to depart on: _____ from _____
I would like to return on: _____ from _____

PLEASE NOTE that the airlines may have different rules for group air tickets that may add restrictions on availability, departure city and length of stay.

Waiver of Responsibility

Seminars International Inc./Performing Arts International, acts only as an agent and neither Seminars International Inc./Performing Arts International, nor any employee or appointee nor any other person, party or organization or agency collaborating with them is or shall be responsible or liable for any injury or loss, accident or damage, delay or deviation or curtailment, howsoever caused or arising, or the consequences thereof, which may occur during any part of the travel or program or during such free time as the members may elect to spend independently on the tour. The airlines or commercial carriers concerned are not to be held responsible for any acts, omissions, or events during the time the passengers are not on board their planes or conveyances. The passage contracts, in use by the airlines concerned, when issued, will constitute the sole contract between the airlines and the purchaser of this tour /or passenger.

Medical Release

I, the undersigned, hereby give my permission for Seminars International Inc./ Performing Arts International to procure all necessary medical help for myself, my child or ward while said person is under the direct supervision of Seminars International Inc./ Performing Arts International and grant permission to its representatives to authorize any competent medical person to do all things reasonably necessary to take care of any injury or sickness.

Participant's Signature(s): _____ Date _____
_____ Date _____

(Note: If participant is under 18 years of age, signature of parent or guardian is required.)

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