

info@mpdtoursamerica.com

2008-2009 ISE TRIP PERMISSION FORM

Send form to: 9101 Shore Road, #203 - Brooklyn, NY 11209 OR Fax to 1-718-439-8565

Last Name:	Nationality:
First Name: SEX: \square M \square F	
Host Parents:	Student email:
Address:	Host email:
City: State:	If case of emergency, please contact:
Zip Code: Birth date://	Host Father Daytime phone: ()
Home Phone: ()	Host Mother Daytime phone: ()
	itions on the Deposit Form. All parties acknowledge that while on tour, any action deemed necessary to protect student safety and well being, ation home at the student's expense.
Student Signature	Host Parent signature
Area Rep & Regional Manager signatures: ISE Area R	Rep & Regional Manager approvals are required for all students.
Area Rep Signature	Phone number ()
Regional Manager Signature	Phone number ()
School Signature: ISE students may not miss school without s	school permission, and must make up any missed work.
School Name	
Name & signature of school personnel	
<u> </u>	limitations (vegetarian, etc), and any prescription medications. Attach r a medical condition, also list the physician's name and phone number.
Indicate which to	rip(s) you are taking:
California Experience March 7-13, 2009 Hawaii 1 February 6-13, 2009 Hawaii 3 February 25- March 4, 2009	LA Experience November 29 - Dec.4, 2008 New York Holiday December 13-18, 2008 NYC Long Weekend 1 March 27-30, 2009
Eastern Coast Experience April 14-20, 2009 Hawaii 2 February 16-23, 2009 Hawaii 4 April 3-10, 2009	New York & Western Tour March 15-21, 2009 Weekend 2 April 24-27, 2009
Would you prefer roommates of the <i>same</i> or <i>different</i> n #1 #2	nationalities? Anyone in Particular?
Send this form with payment to: MPD Tour Americ	ca, Inc. 9101 Shore Road, # 203, Brooklyn, NY 11209

1-800-983-7780

FAX: 1-718-439-8565