



2009-2010 CASE TRIP PERMISSION FORM

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

Last Name: _____
First Name: _____ SEX: ☐ M ☐ F
Host Parents: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Birth date: ____/____/____
month day year
Home Phone: (____) _____ - _____

Nationality: _____
Student email: _____
Host email: _____
If case of emergency, please contact:
Host Father
Daytime phone: (____) _____ - _____
Host Mother
Daytime phone: (____) _____ - _____

Signatures: I have read and understand all the Terms and Conditions on the Deposit Form. All parties acknowledge that while on tour, CASE and MPD Tour America, Inc. or its representatives may take any action deemed necessary to protect student safety and well being, including medical treatment at the student's expense and transportation home at the student's expense.

Student Signature _____ Host Parent signature _____

Area Rep & Regional Manager signatures: CASE Area Rep & Regional Manager approvals are required for all students.

Area Rep Signature _____ Phone number (____) _____ - _____

Regional Manager Signature _____ Phone number (____) _____ - _____

School Signature: CASE students may not miss school without school permission, and must make up any missed work.

School Name _____ Date: _____

Name & signature of school personnel _____

Medical Information: List allergies, medical conditions or limitations (vegetarian, etc), and any prescription medications. Attach additional pages, if necessary. If you are currently being treated for a medical condition, also list the physician's name and phone number. *Remember, you must carry your card while on tour.*

Indicate which trip(s) you are taking:

- | | | | | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> California Experience
March 8/14, 2032 | <input type="checkbox"/> Hawaii 1
February 7-14, 2032 | <input type="checkbox"/> Hawaii 3
February 24- March 3, 2032 | <input type="checkbox"/> LA Experience
November 2: - Dec.5, 200; | <input type="checkbox"/> New York Holiday
December 14-19, 200; | <input type="checkbox"/> NYC Long Weekend 1
May 36-39, 2032 |
| <input type="checkbox"/> Eastern Coast Experience
April 13-19, 2010 | <input type="checkbox"/> Hawaii 2
February 15-22, 2032 | <input type="checkbox"/> Hawaii 4
April 3-10, 2032 | <input type="checkbox"/> New York & Boston
May 3- May 9, 2032 | <input type="checkbox"/> Western Tour
March 15-3; , 2032 | <input type="checkbox"/> NYC Long Weekend 2
May 21-24, 2010 |

Would you prefer roommates of the *same* or *different* nationalities? _____ Anyone in Particular?
#1 _____ #2 _____ #3 _____

Send this form with payment to: MPD Tour America, Inc. 9101 Shore Road, # 203, Brooklyn, NY 11209
info@mpdtoursamerica.com 1-800-983-7780 FAX: 1-718-439-8565