

Your responses may be handwritten or typed. Forms may be filled out and saved on your computer if you have Adobe Reader® version 8.0 or newer. Adobe Reader® is free and available at www.adobe.com. Completed forms may be returned via email, fax, or mail. **Email:** staff@cslewisinstitute.org
Fax: (703) 894-1072 • **Mail:** C.S. Lewis Institute • 8001 Braddock Rd, Suite 301 • Springfield, VA 22151 • Attn: 2017 Study Tour



C·S· LEWIS
INSTITUTE

2017 STUDY TOUR
REGISTRATION FORM
DUE: ? SdUZ 1, 2017

Last Name: _____

First Name: _____

C.S. Lewis's Belfast and Oxford Tour Single: \$3,499/person Double: \$2,699/person

A \$500 deposit is required by March 1, 2017 to register. All monies are due by April 1, 2017.

Deposit enclosed: _____ Balance Due - Apr 1, 2017: _____

Street Address _____

City: _____ State: _____ Zip: _____

Email: _____

Home/ Mobile Telephone: _____

Male Female Date of Birth: _____ Citizenship: U.S. Other: _____

Passport #: _____ Expiration Date: _____

Health Insurance

I acknowledge that I am responsible for securing full overseas medical emergency coverage through my medical insurance provider and that I should carry a copy of my insurance card during the trip.

I also understand that limited medical insurance is included in the price of the tour and that I will be provided with an insurance card to carry on the trip and that I will receive a benefits brochure for my review.

Valid Passport Required

I understand that a VALID PASSPORT IS REQUIRED for this trip and that it must be valid for at least 6 months beyond initial entry into the United Kingdom.

Minimum Number of Participants

I understand that unless a minimum of 10 registrations have been received by March 1, 2017, the trip will be cancelled and a full refund of the program fee will be issued to me.

Health Advisory & Special Accommodations

I understand that participants in the Belfast and Oxford tour should be able to walk and stand for at least an hour or so and climb a few flights of stairs in order to participate.

I understand that the C.S. Lewis Institute may be unable to provide special accommodations for people with disabilities and that if I need accommodation or assistance, that I must bring a companion/assistant at full price. If I have any questions regarding special accommodations for people with disabilities, I will email the C.S. Lewis Institute at staff@cslewisinstitute.org

Liability

I understand that the C.S. Lewis Institute cannot assume liability for injury, damage, loss, accident, delay, or irregularity which may be occasioned by reason or defect, through the acts or defaults or any company or person engaged in conveying the participants of this tour or in carrying out the arrangements of the tour, or as direct or indirect results of acts of nature, breakdowns in machinery or equipment, acts of governments or other authorities, de jure or de facto, wars, whether declared or not; hostilities, civil disturbances, strikes, riots, theft, pilferage, epidemics, quarantines, medical or customs regulations, loss or damage resulting from improper passports, visas, or other documents or from any causes beyond the control of the C.S. Lewis Institute.

I understand that the C.S. Lewis Institute can accept no responsibility for loss or additional expenses due to delay or changes in schedule or other causes and that the Institute has the right to refuse to accept or retain any tour participant should such person's health or general deportment impede the operation of the tour to the detriment of other participants.

I understand that all rates are based on tariffs in effect at the time the tour was planned and are subject to change in the event of adjustments therein. I also understand that baggage is carried at the owner's risk and baggage insurance is recommended and that the issuance of tickets and vouchers will be deemed to be consent to the above conditions.

By signing or typing my name below, I acknowledge that I have read and fully understand the information contained in this registration form and verify the information I have provided as truthful and correct.

Name: _____ Date: _____

Emergency Contact Information

Name: _____

Street Address _____

City: _____ State: _____ Zip: _____

Email: _____

Phone #1: _____ Phone #2: _____