

CONFIDENTIAL - FOR TRAVEL FOR TEENS USE ONLY

TRAVEL FOR TEENS 2008 REGISTRATION

Please mail with payment, or fax registration and mail payment within 3 days of fax.

Phone 1-888-457-4534 Fax: 484-654-1041

PLEASE COMPLETE AND RETURN THIS REGISTRATION EVEN IF YOU COMMITTED TO THE TRIP BY TELEPHONE.
YOU MAY ALSO REGISTER AND SUBMIT A DEPOSIT ONLINE AT WWW.TRAVELFORTEENS.COM/REGISTER.HTML

PLEASE PRINT CLEARLY!

PARTICIPANT INFORMATION:

| | | | |
|-----------------------------|-----------------------------------|--|------------|
| PREFERRED FIRST NAME F M | LAST NAME | HOME PHONE | CELL PHONE |
| GENDER (CIRCLE ONE) | DATE OF BIRTH | EMAIL ADDRESS (TO SHARE WITH OTHER PARTICIPANTS) | |
| ADDRESS | CITY | STATE | ZIP |
| PRESENT SCHOOL | GRADE COMPLETED (AS OF JUNE 2007) | | |

PARENT GUARDIAN INFORMATION:

| | | |
|---|---------------------------------|--|
| MOTHER/GUARDIAN'S FULL NAME | YES NO CUSTODY? (CIRCLE ONE) | CITY/STATE/ZIP (IF DIFFERENT FROM APPLICANT) |
| MOTHER/GUARDIAN'S EMAIL ADDRESS | CELL PHONE | |
| HOME PHONE (IF DIFFERENT FROM APPLICANT) | YES NO WORK PHONE | FAX |
| FATHER/GUARDIAN'S FULL NAME | YES NO CUSTODY? (CIRCLE ONE) | CITY/STATE/ZIP (IF DIFFERENT FROM APPLICANT) |
| FATHER/GUARDIAN'S EMAIL ADDRESS | CELL PHONE | |
| HOME PHONE (IF DIFFERENT FROM APPLICANT) | WORK PHONE | FAX |
| CURRENTLY LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OR LIVES WITH _____ AND CUSTODIAL PARENT OR GUARDIAN IS _____ | | |
| NAME AS IT APPEARS ON PASSPORT _____ | | |
| PASSPORT NUMBER _____ | PARTICIPANT'S CITIZENSHIP: | <input type="checkbox"/> AMERICAN <input type="checkbox"/> OTHER _____ |
| SUMMER PROGRAM(S) ATTENDED 2007 _____ | | |
| ADULT T-SHIRT SIZE: <input type="checkbox"/> SMALL (S) <input type="checkbox"/> MEDIUM (M) <input type="checkbox"/> LARGE (L) <input type="checkbox"/> EXTRA-LARGE (XL) | | |

PLEASE SPECIFY IF A SPECIAL DIET IS REQUIRED _____

HOW DID YOU HEAR ABOUT US? PLEASE BE SPECIFIC.

| | | |
|---|---|--|
| <input type="checkbox"/> TRAVEL FOR TEENS WEBSITE | <input type="checkbox"/> INTERNET CAMP DIRECTORY (NAME) _____ | <input type="checkbox"/> GOOGLE <input type="checkbox"/> MSN <input type="checkbox"/> YAHOO <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CAMP REFERRAL AGENCY _____ | <input type="checkbox"/> CAMP FAIR (NAME) _____ | |
| <input type="checkbox"/> PUBLICATION (NAME) _____ | <input type="checkbox"/> OTHER _____ | |

A FRIEND OR SCHOOL TEACHER WHO WOULD LIKE TO RECEIVE OUR BROCHURE:

| | |
|------------|-----------------------|
| NAME _____ | STREET _____ |
| CITY _____ | STATE _____ ZIP _____ |

SUMMER TRIPS 2008:

COMBINATION TRIPS
CHECK ALL THAT APPLY

SESSION I

ITALY I - COMMUNITY SERVICE IN SICILY:
☑ JUNE 14 - JUNE 26

SESSION II

GREECE:
☑ JUNE 26 - JULY 8

ITALY II:
☑ JUNE 26 - JULY 8

PARIS:
☑ JUNE 26 - JULY 8

PARIS LANGUAGE PROGRAM I:
☑ JUNE 26 - JULY 8

SPAIN LANGUAGE & COMMUNITY SERVICE GALICIA:
☑ JUNE 26 - JULY 8

LONDON & SCOTLAND:
☑ JUNE 26 - JULY 8

JUNIORS/SENIORS DISCOVER EUROPE I:
☑ JUNE 25 - JULY 8

SESSION III

THAILAND:
☑ JULY 7 - JULY 21

ITALY III:
☑ JULY 8 - JULY 20

PARIS & THE SOUTH OF FRANCE:
☑ JULY 8 - JULY 20

PARIS LANGUAGE PROGRAM II:
☑ JULY 8 - JULY 20

SPAIN & PORTUGAL:
☑ JULY 8 - JULY 20

IRELAND ADVENTURE & COMMUNITY SERVICE:
☑ JULY 8 - JULY 20

JUNIORS/SENIORS DISCOVER EUROPE II:
☑ JULY 8 - AUGUST 1

SESSION IV

AUSTRALIA & NEW ZEALAND:
☑ JULY 19 - AUGUST 4

EASTERN EUROPE:
☑ JULY 20 - AUGUST 1

ITALY IV - COMMUNITY SERVICE CINQUE TERRE:
☑ JULY 20 - AUGUST 1

SPAIN - SEVILLA LANGUAGE PROGRAM:
☑ JULY 20 - AUGUST 1

SESSION V

BARCELONA & MALLORCA:
☑ AUGUST 1 - AUGUST 10

HAWAII (AUSTRALIA & NZ EXTENSION):
☑ AUGUST 4 - AUGUST 9

PAYMENT: \$900.00 DEPOSIT REQUIRED TO PROCESS REGISTRATION
SEND ONE DEPOSIT OF \$900.00 FOR COMBINATION TRIPS.
MAIL TO: TRAVEL FOR TEENS, LLC, 900 WEST VALLEY ROAD-SUITE 300, WAYNE PA 19087
OR FAX TO: 484-654-1041 AND SEND CHECK WITHIN 3 DAYS.
PLEASE MAKE CHECKS PAYABLE TO TRAVEL FOR TEENS, LLC.
REGISTRATION DEPOSIT IS NONREFUNDABLE

TERMS AND CONDITIONS OF ENROLLMENT:

REGISTRATION: YOU MAY REGISTER ONLINE AT WWW.TRAVELFORTEENS.COM. YOU CAN MAIL A REGISTRATION FORM TO TRAVEL FOR TEENS, LLC 900 W. VALLEY ROAD SUITE 300, WAYNE, PA. 19087 OR YOU CAN FAX YOUR REGISTRATION TO 484-654-1041. YOU SHOULD SEND PAYMENT AT THE SAME TIME AS REGISTRATION EITHER ONLINE OR VIA CHECK. YOU WILL NEED TO CONTACT US FOR THE LINK. DEPOSITS ARE NONREFUNDABLE. YOU WILL RECEIVE AN EMAIL ACKNOWLEDGEMENT OF YOUR REGISTRATION. IF YOU HAVE NOT RECEIVED THIS WITHIN 72 HOURS OF REGISTRATION, PLEASE CALL US AT 888-457-4534. ONCE YOUR DEPOSIT OF \$900 IS PAID, AND THE ACKNOWLEDGEMENT SENT, YOU WILL HEAR FROM US AGAIN IN FEBRUARY OR MARCH. WE WILL SEND YOU A PACKET WHICH INCLUDES: A FINAL INVOICE DUE FOR PAYMENT IMMEDIATELY, FORMS TO BE COMPLETED BY PARENTS AND PHYSICIAN, A CONTRACT WHICH INCLUDES A RELEASE OF LIABILITY, AND A PACKING LIST, A NUTS AND BOLTS FORM WITH INFORMATION YOU NEED TO KNOW. OUR CONTRACT AND RELEASE MUST BE SIGNED BY ALL CUSTODIAL PARENTS (OR GUARDIANS) AND THE PARTICIPANT. THERE ARE SUBSTANTIAL PENALTIES FOR CERTAIN RULES VIOLATIONS, INCLUDING BEING SENT HOME AT THE PARENTS/GUARDIANS EXPENSE. OUR PARTICIPANTS ARE EXPECTED TO COMPLY WITH ALL TRAVEL FOR TEENS, LLC RULES AND REGULATIONS.

TUITION: TOTAL TRIP COST IS EXCLUSIVE OF AIRFARE TO AND FROM EACH OF THE TRIPS, WITH THE EXCLUSION OF THE BEST DEALS OF THE SUMMER TRIPS, WHICH INCLUDE ALL AIRFARE TO, FROM AND BETWEEN EACH TRIP. WE RESERVE THE RIGHT TO INCREASE COSTS FOR TUITION BASED ON CHANGES IN FUEL COSTS AND CURRENCY FLUCTUATIONS. WE DO NOT EXPECT TO DO SO, HOWEVER.

ADDITIONAL COSTS: TRAVEL FOR TEENS, LLC WILL REQUEST ANY MEDICAL OR DENTAL TREATMENT THAT WE, IN OUR SOLE DISCRETION, FEEL IS NECESSARY FOR THE HEALTH OF A PARTICIPANT AND THE HEALTH OF THE GROUP. PARENTS/GUARDIANS AGREE TO PAY ALL COSTS AND EXPENSES INCURRED DIRECTLY OR INDIRECTLY IN THIS REGARD. WE MAKE EVERY EFFORT TO REACH A PARENT/GUARDIAN IN THE EVENT CARE IS SOUGHT OR DEEMED ADVISABLE AND WILL ATTEMPT TO MAKE CONTACT AGAIN REGARDING ANY MEDICATIONS RECOMMENDED OR PRESCRIBED. HOWEVER, PARENTS ARE EXPECTED TO MAKE FULL DISCLOSURE OF ANY MEDICATIONS A CHILD CANNOT TAKE. IF WE CANNOT REACH A PARENT, OR IN CASE OF EMERGENCIES, WE WILL USE OUR DISCRETION.

PHOTOS: TRAVEL FOR TEENS, LLC RESERVES THE RIGHT TO USE ANY PHOTOS, VIDEOS OR TESTIMONIALS FROM ITS TRIPS IN ANY MANNER IT DESIRES.

LOST, STOLEN OR DAMAGED PROPERTY AND LOST LUGGAGE: TRAVEL FOR TEENS, LLC AND ITS STAFF ARE NOT RESPONSIBLE FOR THE LOSS AND/OR RECOVERY OF ANY LOST, STOLEN OR DAMAGED BELONGINGS. IN THE EVENT OF LOST LUGGAGE WE WILL HELP AS MUCH AS WE CAN, BUT THE RESPONSIBILITY FOR RECOVERING LOST LUGGAGE, INSURING THAT THE PARTICIPANT HAS ENOUGH CLOTHES AND SUPPLIES TO CONTINUE AND THE LOST LUGGAGE RETURNED WHILE ON THE TRIP IS UP TO THE PARENTS/GUARDIANS.

DISCLOSURE: PARENTS/GUARDIANS ARE EXPECTED TO ENSURE THAT FULL DISCLOSURE IS MADE REGARDING ANY PHYSICAL OR MENTAL CONDITION THAT HAS ANY POTENTIAL TO AFFECT THE PARTICIPANT'S ABILITY TO PARTICIPATE ON THE TRIPS. WITHHOLDING INFORMATION IS CONSIDERED A BREACH OF CONTRACT. THIS OBLIGATION CONTINUES ON AN ONGOING BASIS EVEN AFTER ALL FORMS ARE TURNED IN.

CANCELLATION, RETURN AND INSURANCE: DEPOSITS ARE NONREFUNDABLE. WE URGE THE PURCHASE OF TRIP CANCELLATION AND INTERRUPTION INSURANCE. WE CAN PROVIDE SUGGESTED COMPANIES. WE RESERVE THE RIGHT TO DISMISS ANY PARTICIPANT FOR DISRUPTIVE, UNBECOMING, IMMORAL OR DISOBEDIENT BEHAVIOR AT OUR SOLE DISCRETION, WITHOUT REFUND, AT THE PARENTS/GUARDIANS EXPENSE. DISMISSED PARTICIPANTS MUST BE PROVIDED EITHER A GUARDIAN FOR PICKUP OR A TICKET HOME WITHIN 12-24 HOURS OF DISMISSAL. PARTICIPANTS UNDERSTAND AND AGREE THAT IF THEY ARE PRESENT WHEN OTHERS COMMIT THESE SORTS OF OFFENSES THEY ARE CULPABLE AS WELL AND EXPECTED TO NOTIFY A TRIP LEADER. TRAVEL FOR TEENS, LLC RESERVES THE RIGHT TO CANCEL OR CHANGE THE PROGRAM ITINERARY, LOCATION, DATES OR DURATION FOR ANY REASON AT ANY TIME. WE ARE NOT RESPONSIBLE FOR COSTS INCURRED BY FAMILIES IN PREPARING FOR A PROGRAM THAT IS ALTERED OR CANCELLED. WE ARE NOT RESPONSIBLE FOR AIRFARE PURCHASED FOR A TRIP THAT IS ALTERED OR CANCELLED.

APPLICABLE LAW AND VENUE: I HAVE ACCURATELY AND FULLY COMPLETED THE FRONT AND BACK OF THIS REGISTRATION FORM AND WILL DO SO FOR ALL FUTURE MATERIALS, AND AGREE TO THE TERMS AND CONDITIONS OUTLINED ABOVE. I WILL PROMPTLY REVIEW AND COMPLETE ALL MATERIALS WHEN FORWARDED TO ME. I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN TRAVEL FOR TEENS, LLC PROGRAM ACTIVITIES WHETHER CONDUCTED BY TRAVEL FOR TEENS, LLC OR A SUBCONTRACTOR AND FULLY RELEASE TRAVEL FOR TEENS, LLC AND ITS CONTRACTORS FROM ANY AND ALL LIABILITY ASSOCIATED WITH PROGRAM PARTICIPATION. IN THE UNLIKELY EVENT OF A DISPUTE, I AGREE THAT THIS REGISTRATION AND ALL OTHER ASPECTS OF MY AND MY CHILD'S RELATIONSHIP WITH TRAVEL FOR TEENS, LLC WILL BE GOVERNED BY PENNSYLVANIA STATE LAW, SPECIFICALLY THE RULES OF DELAWARE COUNTY, PENNSYLVANIA. IN THE EVENT I SHOULD NOT PREVAIL IN A DISPUTE I AGREE TO PAY ALL COURT AND ATTORNEY COSTS AND FEES. VENUE FOR DISPUTE RESOLUTION WILL BE DELAWARE COUNTY, PENNSYLVANIA.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

***ALL PARENTS/GUARDIANS MUST SIGN