



**Western Illinois University
Study Abroad and Outreach
London Community Theatre Trip
Registration Form**



Legal Name (as it appears on your passport):

Last

First

Middle

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ E-mail Address _____

Cell phone (____) _____ Date of birth (required for airline tickets) ____/____/____
Month Day Year

Do you have a passport valid until at least **September 30, 2019?** ☐ Yes ☐ No

If yes, please submit a copy of the photo page with this form. If no, you need to submit a copy by **November 30, 2018.**

Emergency Information

Emergency Contact Information

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (H) _____ (Cell) _____ Phone (H) _____ (Cell) _____

Relationship _____ Relationship _____

Package ☐ Full Package \$4,050 ☐ London only \$3,450 Min. \$700 w/registration

☐ **Check Enclosed**—Please find my check enclosed in the amount of \$ _____. Please make checks payable to **Western Illinois University.**

☐ **Charge to:** ☐ Visa ☐ MasterCard ☐ Discover Amount: _____

Credit Card Number

Expiration Date

Authorized Signature

Would you like the final payment charged to your credit card on **November 30, 2018?** ☐ Yes ☐ No

--over--

July 2018



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Registration Form—page 2**



Special Requests

Airline requests

Would you like to request specific seating arrangements? ☐ Yes ☐ No If yes, please indicate request: _____

Hotel requests

Would you like a single room? An additional charge of \$600 will apply. ☐ Yes ☐ No

Is there someone you would like to room with? ☐ Yes ☐ No

If yes, who? _____

Additional requests

Please list any additional requests or physical accommodations we should be aware of. _____

Disclaimer: The Undersigned acknowledge and agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. The Undersigned acknowledge and understand that Western Illinois University assumes no liability whatsoever for any loss, damage, destruction, theft or the like to Participant's luggage or personal belongings, and that Participant has retained adequate insurance or has sufficient funds to replace such belongings and will hold Western Illinois University harmless therefrom. Western Illinois University and the Office of Study Abroad and Outreach reserve the right to make changes to the itinerary, with or without notice, that might become necessary.

Participant's Signature

Date

**Signature of Parent or Legal Guardian if the
Participant is a Minor**

Date

Mail form and payment to: Kim McDaniel, Office of Study Abroad and Outreach, WIU, 1 University Circle,
Macomb, IL 61455. You may fax this completed form to 309-298-2854.