



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



Legal Name (as it appears on your driver's license):

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of birth (required for airline tickets) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

## 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 \$3,585 ☐ NYC arrangements only \$3,185 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 **March 30, 2018**?

Yes ☐ No ☐

--over--

October 2017



**Western Illinois University  
Study Abroad and Outreach  
New York Community Theatre Trip  
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.