

Educational & Leisure Group Tours

www.elgrouptours.com elgrouptours@yahoo.com

INSURANCE APPLICATION FORM

CANCELLATION/PROTECTION FORM

GROUP OR SCHOOL NAME _____

PROGRAM COST \$ _____

DATES OF TRAVEL _____

INSURANCE PRICE \$ _____

NAME _____

DATE OF BIRTH (MM/DD/YEAR) _____

GENDER M F

ADDRESS _____

I, the undersigned or my parent or guardian if under 18, an applicant for the tour (name of the tour)

_____ arranged by my school or group and E&L GROUP TOURS am paying for the insurance provided by E&L GROUP TOURS.

PRINT NAME (guardian if under 18) _____

SIGNATURE (guardian if under 18) _____

DATED this _____ day _____, 20_____