



## 2007 PARENT/GUARDIAN Registration Form

When completing this form, be sure to include all requested information and signatures. FAX completed form to **203-318-0511**, or mail to **U. Tours, P.O. Box 149, Madison, CT 06443**.

Name: \_\_\_\_\_

Social security #: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: male female  
month day year

Permanent Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Cell phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

E-Mail : \_\_\_\_\_

Have you ever been convicted of a felony? yes no (if yes, please explain) \_\_\_\_\_

I will be traveling with...

Student Name: \_\_\_\_\_  
month day year

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Cell phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

E-Mail : \_\_\_\_\_

I attest that the information listed above is true to the best of my knowledge, and understand that U. Tours LLC and its employees may contact references to verify information and to help in determining eligibility to participate in the program. I understand that U. Tours reserves the right to refuse any and all applications as it sees fit, without explanation and with no recourse.

\_\_\_\_\_  
Student Signature Date Parent/Legal Guardian Date

\* U Tours, LLC makes no representations, warranties or guarantees regarding the acceptance and admission of any student to any college or university part of any tours. Furthermore, all participants on any tour are subject to the rules and conditions in the application.

**U-Tours.com**

P.O. Box 149

Madison, CT 06443

203-245-TOUR | fax 203-318-0511

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