



Registration Card

Mail to P.O. Box 1830, Lakeside, Ca. 92040

2333 Camino Del Rio South Ste.240• San Diego CA 92108• Tel.619-443-2001• Fax.619-561-4095

School/Group Name:		Group Teacher	
Dates:		Student or Adult (circle one)	
Last Name:	First Name:	M or F (circle one)	
Billing Address:			
Parent or students name if different:			
City:	State:	Zip Code:	
Parent/Guardian:		Home Phone:	Work:
Other Parent/Guardian:		Home Phone:	Work:
Cell Phone (of parent/guardian):		e-mail address:	
<p>If you would like to take Travel Insurance out on your student, the Insurance Program Discovery offers is CSA Travel Protection. You must fill out the insurance form and send it back directly with your insurance payment to CSA Travel Protection Plan. Call CSA at 1 800 348 9505 to sign-up and for more information on benefits. You may use any travel insurance of your choice. <i>Discovery highly recommends taking travel insurance out on your tour, if no insurance is needed and, I do not want to purchase the insurance with CSA or travel insurance of my choice, I understand that my decision is final and I may lose up to 100% of the total tour price if I cancel</i>".</p> <p>Parent: I have read and agree to the policies and conditions stated on the Registration Information sheet and on this card. Parent Signature: _____</p> <p>Student: I understand that my participation is contingent upon my meeting the requirements established by the school or the group leaders in consultation with the Lakeside School district. <i>In order to get possible entrance to the White House or Capitol we must have participant's social security number.</i> Student Signature: _____ S.S.# _____</p>			

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Please Read: Important Information and Conditions (see reverse side for payment information)

Please contact us for a copy of the Terms & Conditions (not shown on the internet copy).