

STEP HIGHER
10TH ANNUAL COLLEGE TOUR 2010

Please answer all questions and return with \$100.00 Deposit

Dear Parent and Student:

Join us we celebrate our TENTH ANNUAL STEP HIGHER COLLEGE TOUR.
Come and discover a world of new ideas and most of all an
EDUCATIONAL OPPORTUNITY to a better life.

Name _____ Grade _____

Address _____

School _____ Tour _____

Email address: _____

Career Interest or College Major _____

Parent/Guardian _____

Contact Information Phone
Number _____

Emergency Phone _____ Closest Relative # _____

4 students to a room same gender only

Do you have health insurance? _____ Does it provide national coverage when traveling
outside your home state?

- **DEPOSIT IS NON-REFUNDABLE/NON TRANSFERABLE**
\$100.00

Does your child have any health issues or allergies?
If yes please explain

Does your child need to take any prescription medicine? _____
If yes, which? _____

*** (please be aware and inform your child that all medicine must be turned over to the
Chaperone. Medication will be dispensing by the Group Leader. This is for everyone's
protection

A program of the Step Higher Program,
P.O. Box 2306—Covington, Kentucky 41012-2306

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Is your child in need of a special diet for medical reasons? _____

If yes Please explain _____

Has your child ever been arrested, imprisoned or charged with any criminal act and if so
what were those charges? _____

Is your child allowed to leave the state to participate in this tour?

How did you hear about the tour? _____

I understand that students will be under the supervision of chaperones.

My child and I have read the accompanying Rules and Guidelines of the Step Higher
College Tour, which agreed to comply with the terms described herein:

- ATTIRE RULES& REGULATION
- THINGS TO REMEMBER
- BUS TOUR ROUTE participation on Bus Tour A__B__C__
- DEPOSIT IS NON-REFUNDABLE/NON TRANSFERABLE

**By signing the registration forms, you agree that the answers you provide and any
other information provide to us is accurate, complete and true to your knowledge**

Parent/Guardian

_____/_____
(Print Name) (Signature) Date

Student

_____/_____
(Print name) (Signature) Date

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(859)743-2907

Submit