



www.AbracadabraFoundation.com  
 Phone: 352-551-5569  
 Email: AbracadabraFoundation@gmail.com

## Registration Form

Student Information					
<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Address:</b>				<b>Apt:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Parent Email Address:</b>		
<b>Home Phone:</b> (   )   -		<b>Parent Cell Phone:</b> (   )   -		<b>Student Cell Phone:</b> (   )   -	
<b>Mothers Name:</b>		<b>Work Phone:</b>		<b>Extension:</b>	
<b>Fathers Name:</b>		<b>Work Phone:</b>		<b>Extension:</b>	
<b>School Name:</b>		<b>T-Shirt Size (in men's sizes):</b>		<b>Current Grade (for 21-22):</b>	

Tour Information	
<b>Tour Name: Abracadabra College Tour 2022</b>	
<b>Date: June 13th – June 17th, 2022</b>	<b>Cost: \$699 ALL INCLUSIVE, w/ Abracadabra sponsoring first \$100, for a final cost of \$599, due before May 31, 2022</b>
Payment Schedule	
<input type="checkbox"/> <b>Full Pay-</b> \$100 initial deposit and full balance \$499 due by May 31 <sup>st</sup> <input type="checkbox"/> <b>Payment Plan -</b> \$100 initial deposit and three payments of \$167 due in March, April and May	

Payment Information	
<b>Method of Payment:</b>	<b>Amount:</b>
<input type="checkbox"/> <b>Check Enclosed:</b>	<b>Check Number:</b>
<b>Credit Card:</b>	<b>Card Number:</b>
<input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Master Card</b> <input type="checkbox"/> <b>American Express</b>	<b>Expiration Date:</b> <b>3 Digit Security Code:</b>
<b>Name of Cardholder:</b>	
<b>Signature of Cardholder:</b>	

Emergency Contact Information		
<b>Relationship:</b>	Last Name:	First Name:
<b>Address:</b>		Apt.
<b>City:</b>	State:	Zip Code:
<b>Home Phone:</b>		Cell Phone:

As a parent or legal guardian of the aforementioned student, I hereby give my consent for any emergency medical or dental treatment as approved by the tour consultant or other adult escort, in case of illness or injury while participation in activities sponsored by The Abracadabra Foundation, and agree that I will be fully responsible for any and all cost of medical treatment and any related transportation. I agree to hold harmless The Abracadabra Foundation, its employees, volunteers, and agents from any hurt, harm, injury or sickness occurring during or as a result of the voluntary attendance and participation of my student on the trip, including any illness related to COVID-19. I confirm that my student is currently or will be **fully vaccinated** prior to departing for the Tour.

<b>Student Signature:</b>	<b>Date:</b>
<b>Parent/Guardian Signature:</b>	<b>Date:</b>