



Application
Document 2

Name of Participant:

Name of Parents or Guardians:

Address:

Contact Information:

Email:

Phone numbers for parents(s) and guardian(s):

Agreements:

I understand the Trip to Washington DC is academic based. If for any reason our daughter/son does not follow the expectations of the trip or breaks the law, my son/daughter will be sent home at our expense. Our daughter/son will immediately return to our responsibility and Gail Wolkoff will relinquish loco parentis.

I understand Gail Wolkoff has "Loco parentis," in the place of a parent," from the time we leave the driveway at the clubhouse until we return to the clubhouse. Gail Wolkoff assumes parental rights, duties, and obligations without going through the formalities of legal adoption.

Payment:

If a student withdraws, a full or partial refund may be available. A refund will be determined by the date in cancellation. Deposit is not refundable.

- 100% full refund for cancellations made before January 15.
- 50% refund for cancellations made between January 16 and February 5.
- 0% (no refund) if cancellation occurs after February 6.

Signature: _____

Date: _____