

ALPHA KAPPA ALPHA SORORITY, INCORPORATED
ZETA RHO OMEGA CHAPTER



GENERAL INFORMATION FORM (APPLICATION)

Student Information:

Name: _____ D.O.B: _____ ()Male ()Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student Cell Phone: _____

Student E-mail address: _____ T-Shirt Size _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Parent E-mail address: _____

School Name: _____ Grade: _____

Payment Schedule: () Check Enclosed \$ _____ Check Amount _____ Check Number _____

- 1) \$50.00 deposit – due by January 17, 2020 (*to reserve seat*)
- 2) \$150.00 due on or before January 31, 2020
- 3) \$150.00 due on or before February 21, 2020
- 4) \$150.00 (*final payment*) due no later than March 4, 2020.

Note: All payments are non-refundable after March 4, 2020.

*The Mandatory Parent/Student meeting is scheduled for Saturday, March 7, 2020, 9:00AM. The meeting location will be determined at a later date.

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular Phone: _____

As 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 **AKAdemic Foundation, Incorporated / Alpha Kappa Alpha Sorority, Incorporate, Zeta Rho Omega Chapter**. I agree to hold harmless the **AKAdemic Foundation, Incorporated / Alpha Kappa Alpha Sorority, Incorporate, Zeta Rho Omega Chapter**, its members and agents from any injury or sickness occurring during or as a result of the trip. I also agree that I will be fully responsible for the cost of medical treatment and any related transportation.

The **AKAdemic Foundation, Incorporated / Alpha Kappa Alpha Sorority, Incorporate, Zeta Rho Omega Chapter** act solely in the capacity of the agents on behalf of their tour patrons in arranging tour and trip services and are not responsible for delays, cancellations, and negligence due to any persons or companies.

Parent or Guardian Signature: _____ Date _____