

2010 Application

Please return your completed form to: **SHP Group Learning Tours**
305 Hulmeville Avenue
Langhorne, PA 19047

Other options...
scan & email to shpbike@gmail.com
or fax us at 215.891.9917



DATE: ___ / ___ / ___

TRIP CHOICES

| | | | |
|---|-----------|----------------------------|---------------------|
| Have you already reserved a place on a trip? | yes | no | If yes, which trip? |
| If you have NOT already reserved a place, list your trip choice(s) in order here – be sure to use complete trip numbers (ie. MVC-1) | | | |
| 1. | 2. | 3. | |
| Earliest date you can leave for a trip | | Latest date you can return | |

STUDENT INFORMATION

| | | | | |
|--------------------------------------|--------------------|---------------------------------|-------------------------------------|-----------------|
| full legal name | | | birth date | |
| preferred first name | | male/female | height | weight |
| school | | current grade | age at start of trip (years/months) | |
| home address | | apt. # | city | state |
| home phone | | cell phone | email | |
| swimming ability | <i>non-swimmer</i> | <i>beginner</i> | <i>intermediate</i> | <i>advanced</i> |
| Can you canoe? | | | Can you sail? | |
| Have you been on a bike trip before? | | If so, with which organization? | | |

PARENT INFORMATION

| | | | | |
|---------------------------------------|--|------------|------------|--|
| Father's name Mr. / Dr. | | Occupation | | |
| Address (if different from student's) | | | | |
| Home phone | | email | | |
| Business name and phone | | | Cell phone | |
| Mother's name Ms. / Mrs. / Dr. | | Occupation | | |
| Address (if different from student's) | | | | |
| Home phone | | email | | |
| Business name and phone | | | Cell phone | |

EMERGENCY CONTACT

this is a person we can contact if your parents are not reachable 1) in the case of an emergency, and/or 2) to accept responsibility and custody of you if you have to leave your trip early

| | | |
|-----------|------------|---------------------|
| Last name | First name | Relationship to you |
| Address | | Home phone |

PAYMENT INFORMATION please check the appropriate items

| | |
|--|--|
| ___ 1. You've already made a reservation online with your credit card and this is your signed and completed application | ___ 2. It's before 4/20 and you are enclosing a check for \$500 or have filled out the credit card information below for \$500 |
| ___ 3. It's on or after 4/20 and you are enclosing a check for \$750 or have filled out the credit card information below for \$750 | ___ 4. It's on or after 6/1 and you are returning your signed and completed application with your FULL PAYMENT (sorry, only checks or money orders) |

All payments must be in US\$. The trip deposit includes a non-refundable \$50 registration fee. Our complete cancellation policy can be viewed on the reverse side of this form. Credit card charges are limited to your initial deposit of \$500 or \$750. Call us if you need to make other arrangements.

| | |
|---|--|
| CREDIT CARD INFORMATION: ___ Visa ___ Mastercard ___ AmEx | Expires: ___ / ___ |
| Transaction amount: ___ \$500 (before 4/20) | Cardholder's signature authorizing above transaction |
| ___ \$750 (on or after 4/20 but before 6/1) | |

PARENT/GUARDIAN AGREEMENT

I have read and agree to the "Cancellation Policy" as stated on the reverse side of this form. I understand that bicycling is not a risk-free activity and I believe that my son/daughter/ward has no significant emotional or physical limitations and is fully capable of handling both the emotional and physical aspects of the trips of his/her choice. I understand that if my son/daughter/ward is found in possession of or using alcohol, drugs, drug-related items, cigarettes, or chewing tobacco, refuses to cooperate or obey safety rules, or is involved in other unacceptable behavior, he/she will be sent home immediately and no refund will be given. I hereby release SHP Group Learning Tours, LLC and its agents of any and all responsibility and liability for any loss of property or personal injury occurring on this or any other trip under its management in which my son/daughter/ward is participating. I also understand that transportation, accommodations, foreign exchange rates, and equipment costs are subject to unanticipated price increases and I agree to be responsible for any increased costs resulting from such price increases and I agree to reimburse SHP for any unanticipated expenses that SHP incurs on behalf of my son/daughter/ward. I also understand and agree that if my son/daughter/ward arrives in Conway with a bicycle that SHP considers unsafe or unsuitable for his/her trip(s), I will be responsible for the cost of any necessary repairs or for the rental of a bike if the circumstances warrant.

Parent's or Guardian's Signature _____



Cancellation Policies

After March 1, cancellation of an application must be made by telephone call to SHP so that the space can be filled as expeditiously as possible. A follow-up letter is required. An additional 10% penalty will be added if notification of cancellations is made through the mail rather than by phone call. Refunds will not be made before the appropriate trip departure date.

- A. Cancellation penalties for canceled application areas follows: For all cancellations, SHP will retain the \$50 non-refundable registration fee plus
 1. \$100 if cancellation is made before March 1
 2. 20% of the basic trip cost if cancellation is made between and including March 2 and April 15.
 3. 40% of the basic trip cost if cancellation is made between and including April 16 and May 15.
 4. 75% of the basic trip cost if cancellation is made between and including May 16 and the first day of the trip.
- B. If cancellation is due to verifiable illness (a note from the physician is necessary for verification), a credit for 50% of the above penalties will be applied to a future trip for the individual involved or for a family member. This credit will remain in effect for no longer than 2 years after the initial cancellation and would not be included in any refund calculation in a subsequent cancellation.
- C. If the cancellation is made due to a perception by the parent/guardian of threats from terrorism, cancellation penalties stated in paragraph 3A will apply.
- D. The cost of equipment previously mailed to the applicant will be deducted from any refund or future credit. The amount to be deducted will be the wholesale cost plus 40%. Full credit will be given if mailed equipment is returned to SHP in unused condition.
- E. The cost of any cancellation penalties from other agencies (i.e. transportation companies) and the costs of any credit card transaction fees will also be deducted from any refund.
- F. If a second cancellation takes place, no credit will be allowed towards the applicable penalties listed in A above. Credits from the earlier cancellation cannot be used to offset penalties from the second cancellation.
- G. It is understood that a parent/guardian or other responsible adult who makes any kind of reservation for a trip (including a credit card reservation by phone) is familiar with the contents of this brochure and agrees to accept the financial and other terms and conditions in this booklet.