



Mid American Pompon All Star Team Iceland Trip – April 5-9th - Registration Form

Name: _____ School: _____

Full Legal Name: _____ Date of Birth ____/____/____

Phone Number: _____ E-mail: _____

Additional (parent) Email Address: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

Responsible Party Name: _____ Mobile Number _____

Will any of your family members be purchasing a package to attend the trip with you?

No

Yes – Please list your family members’ names below.

1) _____

2) _____

3) _____

4) _____

Payment #1 – Deposit: DUE Monday, AUGUST 14th

\$300.00 Deposit for **All Star**

All Star Deposit=\$300.00

\$300.00 Deposit for each **Family/Non-performers**

\$300.00 X # of non-performers = \$ _____

Travel Protection Plan (Optional)

\$149 for Trip Mate Travel Protection Program Base Plan

\$249 for Trip Mate Travel Protection Plus Plan (cancel for any reason)

I am choosing to decline the option of taking the travel insurance policy.

(Optional) Travel Protection Plan = \$ _____

Check enclosed for total = \$ _____

***PLEASE NOTE:** after the deposit is received there will be another deposit of \$200 due on 9/11/17

– 90% of the remaining balance is due on 12/4/17

– Final 10% is due on 1/29/18

Responsible Party/Parent Guardian Signature

X _____

I have reviewed and agree to the terms and conditions and confirm the insurance policy I have selected. Full terms and conditions can be found at worldstrides.com/ICT-terms

Please Make Check or Money Order Payable to Mid American Pompon and mail with your completed registration form to MID AMERICAN POMPON, 24425 Indoplex Circle, Farmington Hills, MI 48335 ~ (248)477-5248 ~ www.pompon.com