

**PERKINS TRAVEL CORPORATION**  
TRAVEL SPECIALISTS  
BUSINESS ~ VACATION ~ GROUP ~ CONVENTION  
40 SOUTH HIGH STREET, NEW BRITAIN, CONNECTICUT, U.S.A. 06051  
PHONE: (860) 223-1655      FAX: (860) 229-9894  
www.perkinstravel.com

SAGE PARK MIDDLE SCHOOL WASHINGTON, DC TRIP  
APRIL 27 – APRIL 30, 2010

**TRAVEL GUARD PROTECT ASSIST *GOLD* ENROLLMENT FORM**

DEPARTURE DATE: APRIL 27, 2010      RETURN DATE: APRIL 30, 2010  
DESTINATION: WASHINGTON, DC

STUDENTS NAME: \_\_\_\_\_  
PARENTS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE & ZIP CODE: \_\_\_\_\_  
HOME TELEPHONE #: \_\_\_\_\_  
DATE OF BIRTH OF STUDENT: \_\_\_\_\_

COST OF INSURANCE: \$67.00 PER PERSON PLUS A \$9.00 PER FAMILY POLICY FEE

\*\*PLEASE NOTE IN ORDER FOR THE INSURANCE TO COVER A PRE-EXISTING CONDITION AND FOR THE INSURER TO REIMBURSE 50% OF NON-REFUNDABLE EXPENSES IF YOU CANCEL FROM THE TRIP FOR ANY REASON, UP TO 48 HOURS FROM THE DEPARTURE DATE, WE MUST RECEIVE THE INSURANCE PAYMENT NO LATER THAN NOVEMBER 13, 2009. IF THE PAYMENT IS RECEIVED NOVEMBER 14, 2009 AND AFTER YOUR CHILD WILL NOT BE COVERED FOR A PRE-EXISTING CONDITION SHOULD HE/SHE CANCEL OR BE ELIGIBLE TO CANCEL FROM THE TRIP FOR ANY REASON UNDER THE "PROTECT ASSIST GOLD" INSURANCE PLAN.

FORM OF PAYMENT:

1. I HAVE ENCLOSED CHECK # \_\_\_\_\_ IN THE AMOUNT OF \_\_\_\_\_.  
(PLEASE MAKE CHECKS PAYABLE TO PERKINS TRAVEL)
2. I WOULD LIKE THE AMOUNT OF \_\_\_\_\_ TO BE PUT ON THE BELOW CREDIT CARD NUMBER:

\_\_\_\_\_  
NAME ON CREDIT CARD

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXP. DATE

\_\_\_\_\_  
SIGNATURE OF CARD HOLDER

PLEASE NOTE THE POLICY WILL BE MAILED DIRECTLY TO YOUR HOME ADDRESS.