



# Student Application

To apply for an ARCC adventure, please remit an \$800 deposit with this completed and signed application form. Full tuition is due on March 1, 2010. If you are applying after March 1st, please send the full tuition with your application. Applications are processed on a first come, first served basis. Space is limited. We encourage you to send in your application as soon as possible. Please detach and send to: ADVENTURES CROSS-COUNTRY, 242 Redwood Highway, Mill Valley, CA 94941. Phone (800) 767-2722 or (415) 332-5075 Fax (415) 332-2130.

## Student Information

Name as it appears on passport (first) (middle) (last) Preferred First Name

Street Address

City State Zip Home Phone

Student E-Mail

Birth Date Age in June 2010 Height Weight

Gender  F  M Adult T-Shirt Size  S  M  L  XL

School Name Current Grade

Siblings (names and ages)

Father's Name Mother's Name

Father's Occupation Mother's Occupation

Street Address (home) Street Address (home)

City State Zip City State Zip

Business Phone Home Phone Business Phone Home Phone

Cell Phone Cell Phone

E-Mail E-Mail

## Please indicate which trip you are applying for

First Choice Date

Second Choice Date

Have you ever participated on an ARCC adventure before?  Yes  No If yes, which one?

Are you attending with a friend?  Yes  No If yes, please name:

How did you learn about ARCC? (Please check all that apply)

Camp Referral Service  Catalog Mailing  Summer Camp Fair  Website  Backroads  News Article  I am an ARCC Alumni  Friend

Did you see the ARCC slide show?  Yes  No Location Did you see the ARCC Webinar?  Yes  No

## Friends/Relatives who may wish to receive our catalog

Name Name

Address Address

City State Zip City State Zip

## ARCC Agreement

I am/my son or daughter is enthusiastic about participating in the program. We understand that an enjoyable and fulfilling experience with ARCC depends on a positive attitude, on a willingness to contribute to the whole group, and on a willingness to participate enthusiastically in the program's activities. We understand that disruptive behavior, the use or possession of any form of tobacco, any alcoholic product or any illegal drug will result in an immediate return home, at my own expense and without refund. We have read, understand and agree to abide by the application guidelines, payment schedule, refund policy, general information, and other ARCC terms and conditions as stated in this catalog.

Student Signature Date Parent Signature Date