

SPROUT

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Registration Form

PARTICIPANT INFORMATION

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

AGENCY INFORMATION

AGENCY

AGENCY CONTACT

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

DAY PHONE NUMBER

EVENING PHONE NUMBER

HAVE YOU EVER TRAVELED WITH SPROUT BEFORE?

YES

NO

TRIP PREFERENCES

List below the trips you would like to register for. Make sure that you have chosen a departure point that is offered for your trip. Spaces on trips fill up quickly. Please list alternate dates and/or trips.

FIRST CHOICE

TRIP NAME

TRIP DATES

FROM

TO

TRIP COST

DEPARTURE POINT

NEW YORK CITY

BRIDGEPORT/HARTFORD, CT

NEW PALTZ, NY

CARTERET, NJ

SECOND CHOICE

TRIP NAME

TRIP DATES

FROM

TO

TRIP COST

DEPARTURE POINT

NEW YORK CITY

BRIDGEPORT/HARTFORD, CT

NEW PALTZ, NY

CARTERET, NJ

TRIP DEPOSIT AMOUNT INCLUDED

TAX-DEDUCTIBLE DONATION

TOTAL ENCLOSED

AGREEMENT:

I understand that trips are not confirmed until all documentation is submitted and approved by Sprout and a 50% deposit for each trip has been received. I will pay the total amount in full by a month before the trip departure date. I have read and agree to the Terms & Regulations contained herein governing all trips sponsored by Sprout.

SIGNATURE OF PARTICIPANT OR GUARDIAN

DATE