

**PARTICIPANT INFORMATION** (please provide complete legal name)

First Name \_\_\_\_\_ Gender  MALE  FEMALE

Middle Name \_\_\_\_\_ Participant Type  ADULT  STUDENT

Last Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Participant has no special needs, allergies, or dietary restrictions

Allergies \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Special Needs \_\_\_\_\_

**PARENT/GUARDIAN'S NAME**

First Name \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

**BILLING ADDRESS** (if different than above)

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

**PROTECT YOUR PURCHASE WITH RGP**

Brightspark strongly advises you to avoid cancellation penalties by adding RGP - Refund Guarantee Protection to your account for **\$89.00**.

From the minute you sign up for RGP you can **cancel at any time, for any reason and you will receive a full refund of all tour payments** (not including the cost of RGP).

- YES, I would like to sign up for RGP
- NO, I decline purchasing RGP

If you have opted to include RGP the cost of this with your registration fee is due at this time.

**PAYMENT INFORMATION**

Please make checks payable to Brightspark Travel, Inc.

Return completed form and check to:

Brightspark Travel, Inc  
8750 W. Bryn Mawr, Suite 450E  
Chicago, IL 60631

\$ 75.00	REGISTRATION FEE
\$ 89.00	RGF
\$ 164.00	TOTAL

**SIGNATURE**

By signing below, I hereby agree to all attached terms and conditions

.....  
Signature of Parent or Guardian  
All registrants under 21 years of age must have their parent/guardian sign

.....  
Date

