

REGISTRATION FORM

Please complete and mail/phone/fax Registration with \$400 Deposit (\$890 for Africa) plus \$45 non-refundable Registration Fee. • Date and name of Program • Note: A 3% service charge is billed to credit card payments

HORIZONS **PO BOX 634, LEVERETT, MA 01054** **TELEPHONE: (413) 367-9200** **FAX: (413) 367-9522** **E-mail: horizons@horizons-art.com**

ENROLL ME IN (Please Print): Country/State In Which The Program Takes Place: _____ **Date of Program** _____

Name _____ Male Female

Signature (Confirms that you have read, understand & accept all aspects of the General Information Page) _____

Address (Street, City, State, Zip) _____

Day Phone (____) _____ **Night Phone** (____) _____ **Emergency Phone** (____) _____ **Fax** (____) _____

E Mail _____

TOTAL Enclosed (All trips BUT Africa): \$445 _____ (\$400 DEPOSIT + non-refundable \$45 Registration Fee)

PAYMENT TYPE (circle): **1. CHECK** **2.**  **3.** 

AFRICA TOTAL: \$935 _____ (\$890 Deposit + \$45 Registration Fee, Non-refundable)

Acct # _____ **Exp.Date** _____

Cardholder Signature _____