

REGISTRATION FORM

Please complete and mail/phone/fax Registration with \$400 Deposit (\$1125 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 (____) _____ **Nite 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: \$1170 _____ (\$1125 Deposit + \$45 Registration Fee, Non-refundable)

Acct # _____ Exp.Date _____

Cardholder Signature _____