

# WALSH COLLEGE



+810 300-4209

firstclasstoursllc@gmail.com

PO BOX 137 Algonac, MI 48001

## STUDY ABROAD SEPTEMBER 12-20, 2026

### REGISTRATION: LONDON, ENGLAND SEPTEMBER 12-20, 2026

#### TRAVELER INFORMATION

|  |                    |           |
|--|--------------------|-----------|
| Full Legal Name:   | Cell Phone #:      |           |
| Email Address:   | Date of Birth: / / |           |
| Home Address:  |                    |           |
| City:  | State:             | Zip Code: |
| <input type="checkbox"/> Adult Single (Private Room): \$5445   |                    |           |
| <input type="checkbox"/> Adult Double – Shared Room (2 beds, 1 of 2 occupants): \$3845 Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |                    |           |
| Roommate:  |                    |           |

### REGISTRATION: EDINBURGH, SCOTLAND SEPTEMBER 20-23, 2026

- Adult Single (Private Room): \$2255
- Adult Double – Shared Room (2 beds, 1 of 2 occupants): \$1575 Gender:  Female  Male

#### PASSPORT INFORMATION REQUIRED FOR INTERNATIONAL TRIPS FLIGHTS ARE BOOKED INDEPENDENTLY

|   |                   |
|---|-------------------|
| Passport Full Legal Name as Printed:  |                   |
| Passport Number   |                   |
| Expiration Date:  | Country of Issue: |
| It is the traveler's responsibility to ensure their passport is valid and meets entry requirements. |                   |

#### EMERGENCY CONTACT INFORMATION

|                           |               |
|---------------------------|---------------|
| Emergency Contact Name:   |               |
| Relationship to Traveler: | Phone Number: |

#### MEDICAL INFORMATION

Do you have any allergies?  yes  No

If yes, please list: \_\_\_\_\_

Do you have any medical conditions we should be aware of?  yes  No

If yes, please specify: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

#### CSP - TRIP PROTECTION - OPTIONAL

- I decline the CSP.
- With the purchase of CSP, if the trip is canceled for any reason, either by the individual or the school all monies will be refunded, minus the cost of the CSP policy AND ANY nonrefundable fees. \*CSP protects each participant's financial investment.

Date: / /

Signature: \_\_\_\_\_

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| PAYMENT SCHEDULE                | LONDON \$ DOUBLE / SINGLE | EDINBURGH \$ DOUBLE / SINGLE | CSP (CANCELLATION SAFEGUARD PROTECTION) |
|---------------------------------|---------------------------|------------------------------|---|
| UPON REGISTRATION               | \$500.00 DEPOSIT          | \$150.00 DEPOSIT             | \$395 / \$295                           |
| FRI, MARCH 20, 2026             | \$800 / \$800             | \$350 / \$550                | N/A                                     |
| FRI, APRIL 24, 2026             | \$635 / \$1035            | \$350 / \$550                | N/A                                     |
| FRI, MAY 22, 2026               | \$635 / \$1035            | \$350 / \$550                | N/A                                     |
| FRI, JUNE 26, 2026              | \$635 / \$1035            | \$375 / \$455                | N/A                                     |
| FRI, JULY 24, 2026 BALANCE DUE! | \$640 / \$1040            |                              | N/A                                     |

## PAY WITH ZELLE, VENMO, OR CREDIT CARD

FIRST CLASS TOURS LLC

@FIRSTCLASSTOURSLLC



**zelle**



**venmo**



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