WALSH COLLEGE

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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:

☐ Adult Single (Private Room): $5445

☐ Adult Double – Shared Room (2 beds, 1 of 2 occupants): $3845 Gender: ☐ Female ☐ Male

Roommate:

REGISTRATION: EDINBURGH, SCOTLAND SEPTEMBER 20-23, 2026

☐ Adult Single (Private Room): $2255

☐ Adult Double – Shared Room (2 beds, 1 of 2 occupants): $1585 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: _____

SIGNATURE OF TERMS & CONDITIONS

☐ I have read and agree to the Release of Liability, Terms & Conditions, and Cancellation Policy of First Class Tours, LLC.

I acknowledge that travel involves inherent risks and voluntarily assume all risks associated with my participation in this tour. I release and hold harmless First Class Tours, LLC, its owners, employees, contractors, and representatives from any claims, losses, damages, injuries, or expenses arising from my participation, except where caused by gross negligence or willful misconduct. By completing my registration, I certify that I have read, understand, and agree to this Release of Liability and Assumption of Risk.

Date: / / Signature: _____