

# STUDENT HOSTELING PROGRAM BIKE TRIP APPLICATION FORM

Mail or fax application to: Student Hostelng Program, Ashfield Road, Conway, MA 01341-0419  
Fax: 413 369-4257 Phone: 800 343-6132

Applications will be accepted up to the trip starting date as long as space is available. See the front insert flap between pages 4 & 5 for sign-up details and for information about reserving a place before you send in this application.

## YOUR TRIP CHOICE(S)

BE SURE TO GIVE COMPLETE TRIP NUMBERS (ie. 2 MC-1)

Have you already reserved a place on a trip?  Yes  No

If yes, which trip? \_\_\_\_\_

If you have NOT already reserved a place, list your trip choice(s) in order here.

TRIP # \_\_\_\_\_ TRIP # \_\_\_\_\_ TRIP # \_\_\_\_\_

Earliest date you can leave for a trip \_\_\_\_\_

Latest date you can return \_\_\_\_\_

## INFORMATION ABOUT STUDENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ / \_\_\_\_\_ Home Fax \_\_\_\_\_ / \_\_\_\_\_

Male  Female  Height \_\_\_\_\_ Weight \_\_\_\_\_ Birthdate \_\_\_\_\_

Age at time of trip \_\_\_\_\_ You are now (2000-2001) in grade \_\_\_\_\_

Circle swimming ability: NON-SWIMMER BEGINNER INTERMEDIATE ADVANCED

Can you canoe? \_\_\_\_\_ Can you sail? \_\_\_\_\_

Have you been on a bike trip before? If yes, with which organization?  
\_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

## INFORMATION ABOUT YOUR FAMILY

Father's (Guardian's) Name \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_

Business Name and Address \_\_\_\_\_

Home Phone \_\_\_\_\_ / \_\_\_\_\_ Business Phone \_\_\_\_\_ / \_\_\_\_\_

E Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_ / \_\_\_\_\_

Mother's (Guardian's) Name \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_

Business Name and Address \_\_\_\_\_

Home Phone \_\_\_\_\_ / \_\_\_\_\_ Business Phone \_\_\_\_\_ / \_\_\_\_\_

E Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_ / \_\_\_\_\_

Family's Summer Address if different

Address \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

## EMERGENCY CONTACT

Indicate a person whom we can contact if your parents are not reachable 1) in case of emergency and/or 2) to accept responsibility for you and custody of you if you have to leave your trip early.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_ Home Phone \_\_\_\_\_ / \_\_\_\_\_

**HOW DID YOU HEAR ABOUT STUDENT HOSTELING PROGRAM?** Please write full name of:

Newspaper \_\_\_\_\_ Magazine \_\_\_\_\_ Referral Agency \_\_\_\_\_

Friend or relative \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Name & location of camp fair \_\_\_\_\_

Found SHP on Internet (how? where?) \_\_\_\_\_

for office use only

AMT \_\_\_\_\_ PM \_\_\_\_\_ CK# \_\_\_\_\_ CC \_\_\_\_\_ CTL# \_\_\_\_\_ PR \_\_\_\_\_ RT \_\_\_\_\_ SB \_\_\_\_\_

# TRIPPER CONTRACT TO BE FILLED IN BY STUDENT

Because our groups travel as tightly knit units and have a lot of freedom (as groups), and because our trips require a certain level of physical effort (depending on the trip), we have to be sure that all trippers understand and agree to some basic rules, set up for the safety and well-being of each individual tripper and of the group, and that all trippers have given serious thought to whether or not they have the desire and physical stamina to undertake the trips that they have chosen. Therefore, as an indication of your commitment to your group and to the Program, we would like you to COPY WORD FOR WORD, IN YOUR OWN HANDWRITING, EACH OF THE FOLLOWING STATEMENTS.

- 1] "I understand and accept the prohibition of pot, drugs, drug related items, cigarettes, chewing tobacco, and all alcoholic beverages (including wine and beer) on a trip and that possession or use of any of these will result in immediate dismissal from a trip and my return home."  
\_\_\_\_\_  
\_\_\_\_\_
- 2] "I understand and accept the prohibition of hitchhiking."  
\_\_\_\_\_  
\_\_\_\_\_
- 3] "I understand and accept the need for close cooperation, understanding, and compromise among trippers, and between tripper and leaders."  
\_\_\_\_\_  
\_\_\_\_\_
- 4] "I understand and accept the need to follow SHP's bicycling safety rules."  
\_\_\_\_\_  
\_\_\_\_\_
- 5] "I have seriously thought about it and I do have the desire and the physical stamina to undertake the trip(s) that I have chosen."  
\_\_\_\_\_  
\_\_\_\_\_
- 6] Write out completely whichever one of the following two statements applies to you:
  - a) "I am traveling as an individual and I do not know of any friend, acquaintance, or relative who is already on, or is planning to join, any of the trips that I have chosen."
  - b) "I do know of a friend(s), acquaintance, or relative who is now on or is planning to join one of the trips that I have chosen. That person's name is (write in the name(s) of the person or people)."\_\_\_\_\_  
\_\_\_\_\_

Signature of Tripper \_\_\_\_\_ Print your name \_\_\_\_\_

# INFORMATION ABOUT YOUR PAYMENT

PLEASE CHECK THE APPROPRIATE ITEMS

- \_\_\_ 1. You've already made a **phone reservation** using a credit card, and this is your completed and signed application.
- \_\_\_ 2. You've already sent in your **Trip Reservation Form** with appropriate payment and this is your completed and signed application.
- \_\_\_ 3. You are mailing this fully completed and signed **application BEFORE 4/23** and you have either enclosed your check for \$350.00 or filled out the credit card information below for \$350.00.
- \_\_\_ 4. You are mailing this fully completed and signed application **ON OR AFTER 4/23 BUT BEFORE 6/1** and you have either enclosed your check for \$700.00 or filled out the credit card information below for \$700.00.
- \_\_\_ 5. You are mailing this fully completed and signed application **ON OR AFTER 6/1** with your FULL PAYMENT (sorry, only bank checks or money orders at this point - no personal checks).

CREDIT CARD DATA:

Card: \_\_\_Mastercard \_\_\_Visa \_\_\_AmEx (only if necessary)  
Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_  
Amount to charge [maximum charge is \$700]  
\_\_\_\$350 (before 4/23) \_\_\_\$700 (on or after 4/23 but before 6/1)  
Cardholder's signature authorizing the above transaction  
\_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT

I have read and agree to all the "Terms" on page 54 in this brochure. I understand that bicycling is not a risk-free activity and I believe that my son/daughter/ward has no significant emotional or physical limitations and is fully capable of handling both the emotional and physical aspects of the trips of his/her choice. I understand that if my son/daughter/ward is found in possession of or using alcohol, drugs, drug-related items, cigarettes, or chewing tobacco, refuses to cooperate or obey safety rules, or is involved in any other unacceptable behavior, he/she will be sent home immediately and no refund will be given. I hereby release Student Hostel Program of New England, Inc. and its agents of any and all responsibility and liability for any loss of property or personal injury occurring on this or any other trip under its management in which my son/daughter/ward is participating. I also understand that transportation, accommodations, and equipment costs are subject to unanticipated price increases and I agree to be responsible for any increased costs resulting from such price increases and I agree to reimburse SHP for any unanticipated expenses that SHP incurs on behalf of my son/daughter/ward. I also understand and agree that if my son/daughter/ward arrives in Conway with a bicycle that SHP considers unsafe or unsuitable for a his/her trip, I will be responsible for the cost of any necessary repairs or for the rental of a bike if the circumstances warrant.

Parent's or Guardian's Signature \_\_\_\_\_