

WASHINGTON/IDAHO RAINBOW TOURS GIRLS APPLICATION

Trip you are attending _____

LEGAL NAME (please type or print) _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

DOB: _____ EMAIL _____

HOME PHONE () - _____ CELL PHONE () - _____

CELL PHONE PROVIDER: _____ DO YOU TEXT? _____

TITLE AT TIME OF TRIP: _____

**The Tour Director or an adult designated by her may seek the services
of a licensed medical doctor if an accident or illness occurs that
requires medical aid or services.**

In case of an emergency contact _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work _____ Cell _____

Date of Last Tetanus Inoculation: _____

Medical Insurance _____ Policy # _____

Provide any special instructions for medications, allergies to food/drugs or special diets

She will remain with the group unless written permission by the undersigned is provided before departure.

Permission is hereby granted for our daughter _____ to be a member of this Rainbow Tour and to participate in any of the various activities of the group. We understand insurance is to be handled individually. Realizing that every effort will be made to safeguard the health and safety of our daughter, we hereby release the Tour Director, chaperones, and Washington/Idaho Grand Assembly, International Order of the Rainbow for Girls from any and all responsibility in the event of any sickness or accident. We understand that if our daughter becomes uncooperative or creates a safety risk, we will be notified and she will be sent home at our expense.

Date _____ Signature _____

Washington/Idaho Tour Directors

Linda Herrington waid-travel@nwrainbow.org

see directory for mailing address

Kathrain Brown travelcodir@nwrainbow.org

see directory for mailing address