

WASHINGTON/IDAHO RAINBOW TOURS  
ADULT APPLICATION

Please type or print (Legal Name)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Last Tetanus Inoculation: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

Policy No. \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that insurance is to be handled individually. Realizing that every effort will be made to safeguard my health and safety I hereby release the Tour Directors, Chaperones, Grand Assembly of Washington/Idaho International Order of the Rainbow for Girls, from any and all responsibility in the event of any sickness or any accident.

I realize as an adult my expenses on a Tour of this kind are greater than the girls. I willingly assume a part in the chaperoning of the girls and will to the best of my ability care for the welfare and pleasure of the girls assigned to me, with no partiality to anyone of my group.

(If a single room is requested the cost will be increased, as well as, those housed two or three to a room.)

Date \_\_\_\_\_ Signature \_\_\_\_\_

Washington/Idaho Tour Directors

Linda Herrington

Kathrain Brown

[WAIDTRAVEL@speakeasy.net](mailto:WAIDTRAVEL@speakeasy.net)

Tour Director

or

See directory for Address and Phone

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