

WASHINGTON/IDAHO RAINBOW TOURS  
GIRLS APPLICATION

Please type or print (Legal name)

NAME \_\_\_\_\_

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

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

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.

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

***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 \_\_\_\_\_ Legal Guardian Signature \_\_\_\_\_

**Washington/Idaho Tour Directors**

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

Kathrain Brown  
Tour Director

Or

See Directory for Address and Phone