



# CHA

## Educational Tours

In order to ensure the most accurate processing of your application form, please print clearly in the spaces we've provided, using capital letters only. Please note that CHA will not process any of your group's enrollments unless we have received your application. You may also sign up for your tour online on our website at [www.cha-tours.com](http://www.cha-tours.com).

# Group Counselor Application

**Title:**  Mr.  Miss  Ms.  Mrs.  Sr.  Dr.  Bro.  Rev.  Prof.

**First Name as it appears/will appear on your passport** (No nicknames - used to issue your airline ticket)

**Middle Name(s) as it appears/will appear on your passport** (used to issue your airline ticket)

**Last Name as it appears/will appear on your passport** (used to issue your airline ticket)

**Sex:**  Male  Female

**Date of Birth** (required for all participants):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

**Mailing Address:** (Give specific street name & house number as not all CHA mail is delivered by the U.S. Postal Service.)

**City**

**State**

**Zip Code**

**Home Telephone** (Use digits only)

**Work Telephone/Cellphone** (Use digits only)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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**Primary E-Mail Address**

**Do you have a valid passport?**  Yes  No **If yes, provide passport number:**

**Issuing Country of Passport:** \_\_\_\_\_

**Passport Expiration Date:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

**Important:** Your passport must be valid for a minimum of six months after your return date, or you may be denied boarding by the airline. (See CHA's "Important Information" for passport requirements.)

**School/Group Name & Address:** (Give street name & house number as not all CHA mail is delivered by U.S. Postal Service.)

**City**

**State**

**Zip Code**

**School Telephone** (Use digits only)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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I am a first-time CHA teacher-counselor.  I have previously organized CHA tours.  I am a non-traveling group counselor.

I have previously organized tours with other educational tour companies. Company name(s) \_\_\_\_\_

**Selected Tour Name:** \_\_\_\_\_

**Catalog Year/Page No:** \_\_\_\_\_

**Requested Departure Date:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

**Return Date:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

**Anticipated Number of Participants in My Group:** \_\_\_\_\_

**U.S. Departure City:** (choose one city from those listed on tour page or on website) \_\_\_\_\_

**I will arrange my group's connecting flight or other transportation to the U.S. departure city I have selected for my group** (indicated above). I understand that CHA cannot be held liable for misconnections or any other problems resulting from my making these arrangements, or for any increase in cost for these arrangements due to change in date or time of the departure of our group's assigned international flight.

**My group and I wish to depart from a gateway city not listed on our selected tour page.** (Call CHA to obtain pricing prior to enrolling.) Airport of hometown/city: \_\_\_\_\_

**I and/or participant(s) in my group will be requesting different return flights from the rest of the group.** (Refer to CHA's "Important Information" for Flexi-Flight details and additional cost and contact CHA for the necessary forms.)



**Signature required for processing (see reverse)**

**CHA Office Use Only:**

Tour Code

Group Code

Chap Code

DCS

SS

T/E

C/D

L/O

\$

## Tour Extensions/Extra Days:

- My group wishes to take the Tour Extension/Cruise Extension as shown on our selected tour page. Extension Name: \_\_\_\_\_
- My group wishes to extend our stay for \_\_\_\_\_ (no. of days) in \_\_\_\_\_ (city at beginning or end of tour).

### Services Requested for Extra Day(s):

- Hotel accommodations with breakfast only. (Refer to current-year catalog for prices.)
- Hotel accommodations with breakfast and dinner. (Refer to current-year catalog for prices.)

Airport/hotel transfers are not included in CHA's extra day prices. If you wish to purchase transfers, please contact CHA for prices or check off the circle below:

- Please arrange airport transfers for the extra days I am requesting at the cost quoted to me by my CHA Tour Counselor.

**Please Note:** Extra days are not available on all tours and are limited during certain periods of the year and by airline and tour routings. • Adding extra days differs from purchasing the Optional Tour Extensions offered only on certain tours (see current-year catalog for tours with optional tour extensions).

## Tour-Quality Upgrade:

This option is available on a group basis only to both student and adult groups:

- My group and I have chosen to opt for the Tour-Quality Upgrade. I understand this service includes the following high-quality features: Guaranteed double-room accommodations in First-Class hotels, baggage handling and portage throughout the tour (where available), and CHA's Adult Fee fully paid. I also understand that this service will require an additional fee to be specified by my CHA Tour Counselor.
- I am a non-traveling Group Counselor whose group has chosen to opt for CHA's Tour-Quality Upgrade.

## Mailing Procedure Options:

Upon enrollment, each participant will be sent a detailed Tour Account Statement. These statements are issued in duplicate: one copy will be mailed to the participant directly and a duplicate copy will be mailed to you to retain for your records. Besides tour account statements, CHA will send your group's Pre-Departure Mailing directly to you at your home address for distribution to your group. (Please note that your group's Final Travel Documents will be distributed electronically.)

## As a CHA Group Counselor:

■ I certify that I and my tour participants have read, understand, and accept the policies and provisions in the "Important Information Terms & Conditions" and "Student Code of Behavior" as published in CHA's current-year tour catalog and "Tour Enrollment Booklet." I also certify that I will read and adhere to the procedures outlined in all subsequent instructional booklets sent to me by CHA, especially CHA's "Tour Planning Guides Part 1 and 2" in which my specific pre-departure and on-tour responsibilities will be further clarified.

■ I understand that my responsibilities before my trip include coordinating with CHA's U.S. representatives, the timely collection of tour payments from travelers, and the organized distribution of all information given to me by CHA on behalf of my group including pre-departure materials and electronic airline tickets.

■ I understand that it is my responsibility to ensure that my participants fulfill the tipping requirement for tour directors, long-distance drivers and/or stewards on cruises as described in CHA's current-year "Important Information Terms & Conditions."

■ I understand that I am responsible for maintaining a fair, positive and harmonious atmosphere during our trip. I will cooperate with our CHA Tour Director, Local Guides and Bus Driver as well as the counselors from other schools. I also understand that it is my responsibility to be flexible, adaptable and assist in finding solutions (along with our Tour Director and other CHA local staff) to any operational glitches which may arise, rather than react negatively, thereby detracting from the enjoyment of the tour for my group and other travelers.

## Your Signature: \_\_\_\_\_

(Use your legal name as given on reverse side.)

Date: \_\_\_\_\_

- I do not want my participants to receive CHA Tour Account Statements directly and would like them to be sent to me. I will assume full responsibility for distributing them on time so that payment deadlines are not missed and penalties not incurred.

## Online Enrollment Option:

Please indicate if you would like your group to have the ability to enroll for your tour online on CHA's website at [www.cha-tours.com](http://www.cha-tours.com).

- Yes, I would like my travelers to have the ability to enroll online. Please contact me with instructions.
- No, I would not like my travelers to have the ability to enroll online.

## Online Tour Account Center Access:

CHA automatically provides group counselors with access to CHA's Tour Account Center on our website where the group's up-to-date account information, assigned flights, hotels, etc. are available. At the group leader's request, CHA may also allow individual travelers to gain access to the Tour Account Center to view only their own particular account information, make tour payments via credit card, view assigned flights, hotels and more.

- Yes, I would like my travelers to have access to CHA's Online Tour Account Center. Please contact me with instructions.
- No, I would not like my my travelers to have access to CHA's Online Tour Account Center.

## Distributing Counselor Benefits:

Unless you indicate otherwise below, your Co-Counselor (if any) will receive the second free tour you will earn through participant enrollment. All other stipend credits as well as CHA's Cash Enrollment Bonus and Bonus Points will be given to you, the Group Counselor.

- The Counselor indicated on the participants' applications will receive credit toward a free tour, stipend, enrollment bonus and bonus points.
- The Counselor indicated on the participants' applications will receive credit toward a free tour and enrollment bonus only. All stipend and bonus points to the Group Counselor.
- All credits (free tour(s), stipend, enrollment bonus, and bonus award points) are to be divided equally among participating counselors.
- Other. Please attach a detailed explanation of how you want the credit assigned.

■ I understand that it is my responsibility to oversee and monitor the behavior of my participants during our trip according to the standards and guidelines outlined in CHA's "Student Code of Behavior" as published in CHA's current-year tour catalog and "Tour Enrollment Booklet." This responsibility cannot be passed on to the CHA Tour Director, other members of CHA's overseas staff, or leaders of other groups traveling on the motorcoach as it is my responsibility as the Group Counselor (along with the assistance of my assigned Co-Counselors, if any). I understand that if I were not to perform these duties, I may be called upon by CHA and/or the parents of my tour participants for a complete explanation as to the non-adherence to these regulations. I will also establish with other teacher-counselors on my tour a common approach to the implementation of the rules set forth by CHA regarding behavior (such as curfew times, punctuality for tour activities, non-drinking policy, etc.)

■ I understand that teacher-counselors must not engage in any unauthorized excursions (excursions which are operated without the approval of CHA). For such unsanctioned activities, CHA cannot provide any insurance, as CHA cannot be held responsible for activities unauthorized by the company; thus, the organizers of such activities may incur personal liability if a mishap or accident should occur. I understand that Tour Directors and Bus Drivers must also adhere to this policy. (A complete list of authorized optional excursions is available on the tour pages of our website.)