Explore Italy

ROME

GENEVA COLLEGE ALUMNI & FRIENDS

(Print your name as it appears on your passport.
If you do not have a passport yet, list your name as it will appear on your passport):

Name: _____ **Date of Birth:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Alternate Number:** _____

E-mail Address: _____ **Geneva Class Year:** _____

US Passport Number: _____ **Expiration:** _____

If you do not yet have a passport, please apply for one immediately. Visit http://travel.state.gov/passport/ for full information. If you have a passport, please forward a copy of the photo and signature pages with this application.

Do you have any special needs or health issues? If so, please detail those here (use additional paper if necessary):

_____
_____
_____
_____

☐ I desire a double room and would like to room with _____

Please Note: A limited number of double rooms are available at the Rome Campus and thus we may not be able to accommodate your request.

☐ Enclosed is a check for $1,000 to reserve my space on the trip to Italy. (Please make check payable to Geneva College.)

I have read, understand, and agree to the provisions outlined in the itinerary and information materials provided by Geneva College, including the refund policy.

Signature: _____ **Date:** _____

Please mail this completed form and your deposit check to:

Geneva College
Office of Alumni Relations
3200 College Avenue
Beaver Falls, PA 15010