

INSURANCE AND EMERGENCY CONTACT FORM

Complete and return with application form to Bill Roberts, Program Director

INSURANCE INFORMATION

Each student is required to be covered by an overall medical insurance plan such as Blue Cross/Blue Shield or an equivalent plan.

Please note your coverage below:

Name of Insurance Plan: _____

Insurance Card ID/Policy #: _____

Expiration Date: _____

Please attach xerox for proof of insurance.

EMERGENCY CONTACT INFORMATION

Please provide the name, address, and telephone number of two persons who may be contacted in the event of an emergency during the travel program:

Name and Relationship: _____

Address: _____

Phone: _____

Name and Relationship: _____

Address: _____

Phone: _____



Binta, a young school girl who travels across the mouth of the river Gambia each day from Barra to Banjul for school, sells peanuts at the ferry crossing to contribute to her family's income. Imagine the stories she must have about tourists and Africans.

