



299 Alhambra Cr Suite 501
 Coral Gables FL 33134
 Local Phone: 305-341-1200 - Fax: 305-341-1211
 Toll Free: 800-544-1222

Salamanca Study Abroad Summer 2023 (BOHS)

****PLEASE PRINT LEGIBLY****

STUDENT NAME: _____

(As it appears on passport)

Address: _____

City: _____ State: _____ Zip code: _____ Home Tel: _____

Date of Birth: _____ Citizenship: _____ High School: _____

Student email address: _____

Parent's or Guardian's name: _____

Cell: _____ Alternate Tel: _____

Email Address: _____

Alternate email: _____

Occupation: _____ Business: _____

Person responsible for payments: (If different or in addition to above)

Name: _____ TEL: _____

Address: _____

Email: _____

Emergency Contact: _____ TEL: _____

Relationship: _____ email address _____

\$700.00 deposit must accompany this from.

Deposit will be applied towards program and is non refundable

Contact: Chesi Stanfield - cstanfield@expresstravelus.com or call at 305-341-1200 ext. 222



299 Alhambra Cr Suite 501
 Coral Gables FL 33134
 Local Phone: 305-341-1200 - Fax: 305-341-1211
 Toll Free: 800-544-1222

Express Travel Credit Card Authorization Form

PLEASE PRINT LEGIBLY

Date: _____ Agent: _____

CLIENT NAME: _____ DK# _____
(person responsible for payment) (Office use only)

Full Name of Traveler: _____ DOB: _____
(MM/DD/YYYY)

2nd Traveler: _____ DOB: _____
(MM/DD/YYYY)

Total Amount to be Charged \$ _____

I _____, hereby authorize Express Travel to charge my Credit Card.

Visa: _____ MasterCard: _____ Amex: _____ Discover: _____

Card Number: _____ Exp. Date: _____

*** CVV: _____ (3 or 4 digits)

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____

EMAIL: _____

I hereby request the issuer of the charge card identified above to pay the bearer the amount shown as total heron. I hereby confirm that I will pay said amount with any charges due thereon, to say issuer in accordance with the terms of the charge card agreement governing the use of said cared.