

<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
LAST NAME (AS ON PASSPORT)		FIRST NAME (AS ON PASSPORT)		FEMALE	MALE
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS		CITY	PROVINCE / STATE	POSTAL CODE / ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
PHONE NUMBER	EMAIL (PRINT CLEARLY)	PRESENT SCHOOL		CITY	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
BIRTHDATE (M / D / Y)		HAVE YOU BEEN A STUDENT WITH BLYTH IN THE PAST 365 DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO			

**PARENT / GUARDIAN INFORMATION**

<input type="text"/>		<input type="text"/>	
MOTHER: LAST NAME		FIRST NAME	
<input type="text"/>			
ADDRESS			
<input type="text"/>		<input type="text"/>	<input type="text"/>
CITY		PROVINCE / STATE	POSTAL CODE / ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE NUMBER	BUSINESS / CELL NUMBER	FAX NUMBER	EMAIL (PRINT CLEARLY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FATHER: LAST NAME		FIRST NAME	
<input type="text"/>			
ADDRESS			
<input type="text"/>		<input type="text"/>	<input type="text"/>
CITY		PROVINCE / STATE	POSTAL CODE / ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE NUMBER	BUSINESS / CELL NUMBER	FAX NUMBER	EMAIL (PRINT CLEARLY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IF PARENTS ARE SEPARATED/DIVORCED, WHICH PARENT IS THE LEGAL GUARDIAN OF THE APPLICANT? <input type="text"/>			

**SUMMER CREDIT PROGRAMS (JULY AND AUGUST)**

- |  |  |
|--|--|
| <input type="checkbox"/> INTERNATIONAL BUSINESS IN LONDON, DUBAI, SHANGHAI       | <input type="checkbox"/> PARIS, PROVENCE, THE SOUTH OF FRANCE  |
| <input type="checkbox"/> FASHION, PHOTOGRAPHY AND GRAPHIC DESIGN                 | <input type="checkbox"/> AMAZON AND THE GALAPAGOS ISLANDS  |
| <input type="checkbox"/> CULINARY ARTS IN ITALY                                  | <input type="checkbox"/> AUSTRALIA, NEW ZEALAND, FIJI  |
| <input type="checkbox"/> FILM STUDIES IN LOS ANGELES AND SAN FRANCISCO           | <input type="checkbox"/> HAWAII  |
| <input type="checkbox"/> GRAND TOUR  | <input type="checkbox"/> COZUMEL   |
| <input type="checkbox"/> THAILAND AND SOUTHEAST ASIA                             | <input type="checkbox"/> COSTA RICA  |
| <input type="checkbox"/> GREECE  | <input type="checkbox"/> EGYPT   |
| <input type="checkbox"/> ROME AND THE GREEK ISLANDS                              | <input type="checkbox"/> KENYA   |
| <input type="checkbox"/> LONDON, OXFORD UNIVERSITY, TRINITY COLLEGE DUBLIN, ROME | <input type="checkbox"/> BHUTAN  |
| <input type="checkbox"/> ROME, FLORENCE, SIENA SARDINIA                          |  |
| <input type="checkbox"/> MADRID, PAMPLONA, BILBAO, BARCELONA                     | <input type="checkbox"/> JULY <input type="checkbox"/> AUGUST <input type="checkbox"/> DOUBLE CREDIT |

**MARCH CREDIT PROGRAMS**

- CUBA
- EGYPT
- COSTA RICA

**SUMMER AND MARCH COMMUNITY SERVICE PROGRAMS**

- COSTA RICA (MARCH)
- COSTA RICA (JULY)
- COSTA RICA (AUGUST)
- KENYA (JULY)
- BHUTAN (MARCH)
- BHUTAN (JULY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
COURSE CHOICE	DOUBLE CREDIT COURSE CHOICE	COMMUNITY SERVICE / MARCH BREAK DATES

**TRAVEL INFORMATION**

- I WILL JOIN THE ROUND-TRIP GROUP FLIGHTS FROM TORONTO  I WILL MAKE MY OWN TRAVEL ARRANGEMENTS AND RECEIVE AN AIR CREDIT

**MEDICAL INSURANCE AND CANCELLATION PROTECTION – MUST CHECK ONE (SEE PAGE 38)**

- |   |   |
|---|---|
| <input type="checkbox"/> I WILL PURCHASE THE MEDICAL INSURANCE & TUITION INSURANCE PLAN | <input type="checkbox"/> I WILL PURCHASE TUITION INSURANCE ONLY               |
| <input type="checkbox"/> I WILL PURCHASE THE MEDICAL INSURANCE ONLY                     | <input type="checkbox"/> I DO NOT WANT MEDICAL INSURANCE OR TUITION INSURANCE |

**NOTE:** MEDICAL INSURANCE/TUITION INSURANCE CAN ONLY BE PURCHASED AT THE TIME OF REGISTRATION AND MUST BE PAID IN FULL. NON-REFUNDABLE IN CASE OF CANCELLATION.

**PAYMENT**

YOUR DEPOSIT OF \$750 (PLUS THE REGISTRATION FEE OF \$95) OR FULL PAYMENT MUST ACCOMPANY THIS APPLICATION IN ORDER TO RESERVE A PLACE IN ANY PROGRAM. IF PURCHASING THE MEDICAL INSURANCE AND/OR TUITION INSURANCE, PLEASE REMEMBER TO INCLUDE THIS AMOUNT IN YOUR PAYMENT.

- CHEQUE ENCLOSED PAYABLE TO BLYTH ACADEMY

THE 2ND INSTALMENT OF \$1000.00 WILL BE CHARGED TO YOUR CREDIT CARD IN 30 DAYS. THE BALANCE OF THE PROGRAM FEE WILL BE CHARGED TO YOUR CREDIT CARD ON APRIL 1, 2010.

- VISA  AMERICAN EXPRESS  MASTERCARD

<input type="text"/>	<input type="text"/>	<input type="text"/>
CARD NUMBER	EXPIRY	AMOUNT \$

I AM AWARE OF THE CANCELLATION POLICIES AND AGREE NOT TO DISPUTE OR ATTEMPT TO CHARGE BACK THE ABOVE SIGNED FOR AND ACKNOWLEDGED CHARGE(S).

<input type="text"/>	<input type="text"/>
NAME ON CARD	CARDHOLDER SIGNATURE

WE HAVE READ AND AGREE TO THE TERMS OF THIS PROGRAM.

<input type="text"/>	<input type="text"/>
SIGNATURE OF APPLICANT	SIGNATURE OF PARENT / GUARDIAN
<input type="text"/>	<input type="text"/>
	DATE