



# Tour Director/Advisor Application

## DIRECTIONS

- 1) Whether this is your first trip with TSA Tours or twentieth, you must fill out this application completely to assure that we have the latest up-to-date information for your file.
- 2) Please type or print clearly all the required information in black or blue ink.
- 3) Please mail this application to TSA Tours.

Office use only:

\_\_\_\_\_

## GENERAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
(Same as it appears on your passport)

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ HOME FAX (\_\_\_\_) \_\_\_\_\_

WORK/SCHOOL PHONE (\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_ WORK/SCHOOL FAX (\_\_\_\_) \_\_\_\_\_

BEST TIME/HOME \_\_\_\_\_ BEST TIME/WORK \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_  MALE  FEMALE

SOCIAL SECURITY NUMBER \_\_\_\_\_ CITIZEN OF WHICH COUNTRY? \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ NOTE: PASSPORT MUST BE VALID FOR 6 MONTHS BEYOND RETURN DATE

EMERGENCY CONTACT AT HOME WHILE TRAVELING: NAME: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

## PROGRAM INFORMATION

NAME OF EMPLOYER/SCHOOL \_\_\_\_\_ SCHOOL SIZE \_\_\_\_\_

EMPLOYER/SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POSITION \_\_\_\_\_ SUBJECTS TAUGHT \_\_\_\_\_

## TRAVEL INFORMATION

PROGRAM NAME \_\_\_\_\_

PROGRAM PLAN:  HOMESTAY  HOTEL  HOTEL & HOMESTAY  CRUISE

DEPARTURE DATE \_\_\_\_\_  AM  PM DEPARTURE CITY \_\_\_\_\_

PLEASE INDICATE IF YOUR SPOUSE IS PLANNING TO PARTICIPATE IN THE PROGRAM AS:  A PAYING PARTICIPANT  AN ADVISOR

I WILL REMAIN OVERSEAS AND RETURN AT A LATER DATE (PLEASE SEND ME A TSA TOURS AIR DEVIATION FORM)

HAVE YOU PARTICIPATED AS AN ADVISOR IN A TSA TOURS PROGRAM?  YES  NO IF YES, PLEASE INDICATE WHEN \_\_\_\_\_

HAVE YOU PARTICIPATED AS AN ADVISOR IN AN OVERSEAS TRAVEL STUDIES PROGRAM WITH ANOTHER ORGANIZATION IN THE LAST 5 YEARS?  
 YES  NO

IF YES, PLEASE INDICATE WHEN AND WITH WHOM \_\_\_\_\_

*My signature below indicates that I have read the TSA Tours Terms of Participation and General Information and will abide by its contents, and that I am physically and emotionally capable of overseas travel. I understand that as an advisor I have additional responsibilities as listed in the orientation material that will be sent to me.*

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_



**PLEASE RETURN THIS FORM TO:**

6965 S. Priest Drive, Suite 6, Tempe, Arizona 85283 Phone: 480-345-6630 Fax: 480-345-7817