

THE CULTURAL STUDIES ACADEMY, INC.

2010 European Summer Study Program & Slice of Heaven Tour Data Sheet

Please type/print neatly, supplying all information requested. Each space must be completed or have 'N/A' if question does not apply. Return to the CSA office listed below.

140 SOUTH MAIN, SLIPPERY ROCK, PA 16057 TEL: (724) 794-4833 * 1-800-443-8687 * FAX: (724) 794-2397

www.csatours.com E-MAIL: info@csatours.com

FULL PROGRAM AND SLICE OF HEAVEN TOUR PERSONAL INFORMATION:

Please complete:

Mr./Mrs./Ms./Dr. _____

Sex: MALE or FEMALE CIRCLE ONE Birth Date LAST ____/____/____ Age ____ Social Security Number FIRST ____ MIDDLE INITIAL ____

Marital Status _____ Birthplace _____ Citizenship: _____

Home/Permanent Address _____
NO. STREET CITY STATE ZIP

Telephone # (____) _____ Mobile # _____ E-Mail _____

If College Student, Campus Address _____

Telephone # (____) _____ Mobile # _____ E-Mail _____

Emergency Contact Name & Relationship of Contact _____

Emergency Contact Address _____

Telephone # (____) _____ Mobile # _____ Other _____

If accepted in the full program, a **health statement from your doctor is required before departure**. Please provide a brief general statement of your health and indicate if you have any special care requirements (i.e. asthma, diabetic, diet [vegetarian], allergies, conditions, other, etc.) _____

FULL PROGRAM AND SLICE OF HEAVEN TOUR AIRLINE INFORMATION:

From which Gateway City will you join the group? (Please check ONE city only.)

FULL PROGRAM: ___JFK-New York (\$3999) ___Boston (\$3999) ___Charlotte (\$3999) ___JFK-New York AHA SPECIAL (\$4998)

A SLICE OF HEAVEN TOUR: ___Newark (\$4995) ___Boston (\$4995) ___Newark-Child (\$4795) ___Boston-Child (\$4795)

Costs indicated based on air fares & currency exchange rates in effect 10/1/09 and are subject to change. All flights are non-smoking. Seat preferences may be indicated, however can not be guaranteed with group reservations.

___ I will need domestic air transportation from _____ YOUR CITY / AIRPORT to my Gateway City.

___ I will join the FULL PROGRAM group in Salzburg (NO AIR category)

___ I would like to deviate from the group. Please list deviation request information: _____

NOTE: Anyone wishing to deviate from the may do so either before or after the program/tour - but not both - and must understand that there will be a minimum \$150 deviation fee. All deviation requests must be made in writing if not indicated above, and mailed/faxed on separate cover to the CSA address above. Deviation requests are provided upon availability.

FULL PROGRAM HOUSING INFORMATION:

What is your housing preference? (Please check ONE option only.)

- ___ I would like to be housed in a Pension with double room accommodations (no additional fee). [shared bathroom facilities]
___ I would like to stay in a Pension / double - with private bath (\$250 additional per person). [private room & bathroom facilities-shared with roommate only]
___ I would like to stay in a Pension / single - with private bath (\$500 additional). [private room & bathroom facilities]

Optional, please indicate your roommate request (requests must be made by both parties): NAME _____

SLICE OF HEAVEN TOUR HOUSING INFORMATION:

- ___ A Slice of Heaven Tour in Hotels (private bath) DOUBLE
___ A Slice of Heaven Tour in Hotels (private bath) DOUBLE TWIN BED ROOM (beds apart)
___ A Slice of Heaven Tour in Hotels (private bath) CHILDREN AGES 11 & UNDER (with accompanied adult)
___ A Slice of Heaven Tour in Hotels (private bath) SINGLE [\$500 additional]

Optional, please indicate your roommate request (requests must be made by both parties): NAME _____

FULL PROGRAM COURSE INFORMATION: Slice of Heaven Tour Participants DO NOT sign-up.

For which course/workshop are you applying? (Check ONE only - unless applying for two permitted courses as indicated in Program brochure.)

- | | | |
|---------------------------------|--|-----------------------------------|
| ___ GERMAN LANGUAGE WORKSHOP: | ___ PIANO PERFORMANCE LESSONS | ___ SALZBURG'S BAROQUE TREASURES |
| ___ MOZART & HIS WORLD WORKSHOP | ___ GERMAN HISTORY WORKSHOP | ___ CONTEMPORARY EMBROIDERY |
| ___ WORLD WIDE WORKOUT WORKSHOP | ___ FINE ARTS PHOTOGRAPHY WORKSHOP | ___ ALPINE FAMILY LIVING WORKSHOP |
| ___ EUROPEAN EUPHORIA WORKSHOP | ___ HITLER & GERMANY IN THE WORLD WARS | ___ EUROPEAN ART & ARCHITECTURE |
| ___ CROSS COUNTRY CYCLING | ___ CONTEMPORARY JAZZ WORKSHOP | |

FULL PROGRAM ACADEMIC INFORMATION: **Please complete:**

I am a student at/or employed by _____.

Year in School / at Job / additional info. _____.

- **All applicants for the Cultural Studies Academy's European Summer Study Program must have two (2) character references sent in to the CSA office.**
- Please list the name of **one person** who is sending a character reference for you. Try to include your counselor/advisor and/or employer/manager.
- **Please request that they write and mail their letter IMMEDIATELY.** Forms will NOT be sent out by CSA for this purpose.

NAME _____ OCCUPATION / TITLE _____

FULL PROGRAM AND SLICE OF HEAVEN TOUR AGREEMENT:

Please complete:

KNOW ALL INDIVIDUALS BY THESE PRESENTS, that _____ (NAME: an adult teacher, adult student, or the

father/mother/guardian of said _____ (NAME: a minor), being a participant on the European Summer Study Program in Salzburg, Austria for the year 2010 OR on The Slice of Heaven Tour, being conducted by the Cultural Studies Academy, Inc. in cooperation with other host schools herein-after named, together with certain participating high schools and colleges in the United States of America, and in consideration of the acceptance of _____ (NAME OF PARTICIPANT) as a student and/or participant in said program/tour for the summer of 2010, the under-signed does hereby release, discharge and covenant to hold harmless the Cultural Studies Academy, Inc. (CSA), Henry Lenz, Linda Lenz, Sonya Lenz, Vipin Kohli and/or other CSA Staff/Representative and

_____ (list the high school/college/university/instructor/professor involved, and/or organizations, if any) and each and every teacher, advisor, counselor, employee, agent, staff member, of them or either of them, their heirs, executors, administrators, successors and assigns, from any and all actions, causes of actions, claims, demands, damages, costs, loss of service, expenses and compensation on account of, or in any way growing out of, any and all known and unknown illnesses, personal injuries, and treatment thereof, and property damage which we or either of us may hereafter have as a participant in, and as the parents and/or guardians of such student and/or participant, in the travel and study program of the Cultural Studies Academy, Inc., above described for the summer of 2010.

The undersigned further covenant and agree as follows, to-wit:

1. The Cultural Studies Academy, Inc. is hereby authorized to make and employ such modes of transportation and such carriers from participant's place of residence in Europe and throughout Europe, and to provide such courses of instruction with such educational institutions in Austria, as the Cultural Studies Academy, Inc. shall in its sole discretion find proper, and make such changes therein or in connection therewith, from time to time, as the Cultural Studies Academy, Inc. shall find necessary and proper, to all of which the undersigned hereby consent.
2. In the event of illness of, or injury to a participant, it is understood and agreed that the Cultural Studies Academy, Inc. is hereby authorized to select and arrange for such medical, dental and nursing care and treatment as the Cultural Studies Academy, Inc. may deem desirable and appropriate. If such treatment is given, the Cultural Studies Academy, Inc. is hereby authorized to procure return plane transportation for the participant together with such other treatment incurred on the return trip as it shall deem necessary. Any and all expenses incurred for treatment and transportation of the participant shall be the sole responsibility of the Undersigned.
3. If accepted as an adult teacher, or as an adult student, or participant, or as a minor student or participant, as the case may be, the undersigned agrees to obey all the standards, rules and follow the official Procedures and Regulations of the Cultural Studies Academy, Inc. and the other host schools and/or organizations, or either of them in relation to this program, and to maintain a friendly and cooperative attitude toward fellow students, teachers, counselors and others in authority under this program; to accept the will of the majority in those incidences where participants are permitted to make a determination with the approval of the teachers, counselors and supervisors of the Cultural Studies Academy, Inc.

This is a supervised program of a limited nature and all such standards, rules and regulations must be observed in order to promote the best interests of each individual participant and of the group.

Therefore, to that end, the Cultural Studies Academy, Inc. reserves, in its sole discretion, the right to terminate participant's membership in said program for failure to obey such rules and regulations, and/or to maintain such standards, or if the Cultural Studies Academy, Inc. deems the conduct and behavior of said participant detrimental to, or incompatible with, the interest, harmony, comfort or welfare of the program as a whole. If a participant's membership is terminated, only such funds as have not actually been used to the date of such termination will be refunded, (the determination of the amount of such refunded to be the sole judgment and discretion of the Cultural Studies Academy, Inc.) and such participant shall be sent home at his, or her expense.


4. It is further understood and agreed that the Cultural Studies Academy, Inc. reserves the right, in its sole discretion, to make any cancellations, changes or substitutes either in cases of emergency or in the interest of the group, and to alter prior to tour departure the cost thereof in order to meet unexpected changes in airline fares, hotel rates, and similar expense items. The announced fee, therefore, is based on current tariffs and may be subject to change not to exceed 15% thereof. It being understood, however, that if the cost of said programs shall be increased more than 15% by such expected changes in airline fares, hotel rates, and similar changes, either party to this agreement may terminate the same upon ten (10) days written notice.

RESPONSIBILITY: The Cultural Studies Academy Inc., and their agents assume no responsibility or liability in connection with the service of any train, vessel, carriage, aircraft, motor or other conveyance which may be used wholly or in part, in the performance of their duty to the passenger, neither will they be responsible for any error, or omission or any injury, loss, delay, or irregularity which may be occasioned by reason of default or any company or person engaged in conveying the passenger; or for any hotel proprietor or for any other person engaged in carrying out the purpose for which tickets are issued or acceptance is granted. In the event it becomes necessary or advisable for the comfort or well being of the passengers, or for any reason whatsoever, to decline to accept or retain any passenger as a member of the tour, to alter the itinerary or arrangements or withdraw any or all tours should conditions warrant, such alterations may be made without penalty to the Cultural Studies Academy, Inc. and/or tour operators. Additional expenses, if any, shall be borne by the passengers.

Airfare Cancellation Penalty: The airfare for program participants is a special rate and is non refundable. A cash refund can only be made in accordance with the rules and regulations of the air carrier providing service. The sole responsibility of any airline used in any tour is limited to that set out in the passenger contract evidence by the airline ticket. Airlines and other carriers are not responsible for any act, omission, or event during the time passengers are not on board their planes or conveyances. Similar responsibility as noted above applies to all types of carriers. In addition to the carriers indicated, the services of any IATA and ARC carrier may be used in connection with these tours. In consideration of deposit payment enclosed, the Cultural Studies Academy, Inc. and the travel associates used agree with the applicant, upon acceptance, to provide the tour described within the individual course brochure, for the Cultural Studies Academy, Inc.'s European Summer Study Program in Salzburg, Austria, subject to the terms, conditions and limitations as set forth in the brochure for the European Summer Study Program, which are incorporated herein by reference.

APPLICATION FEE: [This form must be completed, signed & on file with CSA in order to participate on program.](#)

I have enclosed \$500 registration/application fee with this application, if not previously sent with my registration form. I understand that this fee is nonrefundable if I am accepted as a participant by the Academy. The first payment of \$400.00 is due two weeks following the date of the acceptance letter. The remainder is payable in two equal installments. All payments must be made 45 days before the departure. I have read and am familiar with this payment schedule and the Cultural Studies Academy, Inc.'s policy on withdrawals as posed in the Academy prospectus.

 **SIGN HERE PLEASE** _____ day: _____, month: _____, year: 2009 / 2010
SIGNATURE of Participant or of Parent/Guardian if Participant is a Minor CIRCLE ONE

 **SIGN HERE PLEASE** _____ day: _____, month: _____, year: 2009 / 2010
SIGNATURE of Participant if Participant is a Minor CIRCLE ONE

 Signed in the presence of _____ Date: _____
(Witness' name, signature, date): _____