



SkillsUSA Arizona REGISTRATION FORM

JUNE 19-25, 2016 | LOUISVILLE, KENTUCKY

MUST READ BEFORE FILLING OUT FORM: *Three Easy Steps: Fill out Sections 1-8, Save & Email!*

Prior to filling out this form, choose **File, Save As**, and save this document to a place on your computer where you will remember to find it. **Always save your document before closing so you do not lose any information you have already completed.**

When completed and saved, please email this form as an attachment to sue@travelwisetripsinc.com.

1 CONTACT INFORMATION

SCHOOL CONTACT INFORMATION

Contact Person: _____ Contact Person Email: _____

School Address: _____ City _____ State _____ Zip _____

School Phone: _____ School Fax: _____

HOME INFORMATION

Home Phone: _____ Cell: _____

Home Address: _____ City _____ State _____ Zip _____

All documents including airline tickets will be mailed to adviser's attention.

Where would you like documents and tickets sent to? Check one: ☐ School ☐ Home

2 TRAVEL NEEDS

Total # of People **Traveling to Nationals by Air & Land:** _____

Total # of People **Flying From Home** to Nationals: _____

Total # of People **Driving From Home** to Nationals: _____

Total # of People **Staying in the Hotel:** _____

SPECIAL REQUESTS OR NEEDS:

3 RENTAL CAR DETAILS

Do you want Travel Wise Trips, Inc. to handle your car or van rental needs? Check one: ☐ YES ☐ NO

If yes, what size car do you require? Check one: ☐ Compact-size ☐ Mid-size ☐ Full-size ☐ Mini-van

If yes, please print the name of the driver of the rental car: _____

IMPORTANT NOTE:

Driver must be 25 years old, have a valid US Driver's License and have a major credit card. Rental cost is not included in package price.



4 FLIGHT DETAILS

ALL FLIGHTS ARE SUBJECT TO LAST MINUTE SCHEDULE CHANGES. Please choose your preferred flight by using a *group number below*. ANY DEVIATIONS FROM STANDARD GROUP FLIGHTS ARE SUBJECT TO ADDITIONAL FEES.

IMPORTANT: PLEASE MAKE SURE TO CLEARLY TYPE THE FULL LEGAL FIRST, MIDDLE, & LAST NAMES AS THEY APPEAR ON GOVERNMENT ISSUED I.D. FOR TICKETING PURPOSES. ANY CHANGES MAY RESULT IN A \$150.00 FEE.

Photo ID must be presented by each passenger 18 years of age or older. LEGAL names must be as they appear on their government issued ID.

CHOOSE ONE GROUP:

☐ GROUP 1

Airline:	Stops	Travel Date:	Flight #:	Depart City:	Depart Time:	Arrive City:	Arrive Time:	# Seats Held:
Southwest	NON-STOP	6/16/2017	1327	PHOENIX	11:05AM	LOUISVILLE	5:30PM	14
Southwest	NON-STOP	6/24/2017	2374	LOUISVILLE	4:55PM	PHOENIX	5:40PM	14

☐ GROUP 2

Airline:	Stops	Travel Date:	Flight #:	Depart City:	Depart Time:	Arrive City:	Arrive Time:	# Seats Held:
Southwest	NON-STOP	6/18/2017	4933	PHOENIX	12:10PM	LOUISVILLE	6:35PM	50
Southwest	NON-STOP	6/24/2017	4912	LOUISVILLE	7:10AM	PHOENIX	7:55AM	50

☐ GROUP 3

Airline:	Stops	Travel Date:	Flight #:	Depart City:	Depart Time:	Arrive City:	Arrive Time:	# Seats Held:
Southwest	NON-STOP	6/18/2017	4933	PHOENIX	12:10PM	LOUISVILLE	6:35PM	62
Southwest	NON-STOP	6/24/2017	2782	LOUISVILLE	3:35PM	PHOENIX	7:10PM	62

☐ GROUP 4

Airline:	Stops	Travel Date:	Flight #:	Depart City:	Depart Time:	Arrive City:	Arrive Time:	# Seats Held:
Southwest	NON-STOP	6/18/2017	4933	PHOENIX	12:10PM	LOUISVILLE	6:35PM	63
Southwest	NON-STOP	6/24/2017	2374	LOUISVILLE	4:55PM	PHOENIX	5:40PM	63

☐ GROUP 5

Airline:	Stops	Travel Date:	Flight #:	Depart City:	Depart Time:	Arrive City:	Arrive Time:	# Seats Held:
Southwest	1 STOP	6/18/2017	1346	TUCSON	6:45AM	MIDWAY	12:00PM	25
Southwest			3755	MIDWAY	2:25PM	TUCSON	4:30PM	
Southwest	1 STOP	6/24/2017	4254	LOUISVILLE	6:25AM	DENVER	7:15AM	25
Southwest			2472	DENVER	8:45AM	TUCSON	9:35AM	


PLEASE CALL SUE FOR MORE FLIGHTS (702) 564-9473:

THESE MAY HAVE AN ADDITIONAL FEE ATTACHED DUE TO SUPPLY AND DEMAND AND PAST DUE DEADLINES BY THE AIRLINES.

5 HOTEL ROOM DETAILS - *Single Rooms*

Please contact Sue if sharing a room with someone from another school.

IMPORTANT: PLEASE MAKE SURE TO CLEARLY TYPE THE FULL LEGAL FIRST, MIDDLE, & LAST NAMES AS THEY APPEAR ON GOVERNMENT ISSUED I.D. FOR BOOKING PURPOSES. ANY CHANGES MAY RESULT IN A \$150.00 FEE.

 **Single Rooms** **REQUIRED:** Type the total # of people staying in single rooms in this box **If none, type 0**
1 person per room

SINGLE ROOM #1	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #2	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #3	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #4	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #5	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #6	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #7	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #8	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #9	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #10	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #11	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____
SINGLE ROOM #12	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	Arriving Date	Leaving Date
Name: _____					_____	_____	_____

5 HOTEL ROOM DETAILS - *Double Rooms*



Double Rooms
2 people per room

REQUIRED: Type the **total # of people**
staying in **double** rooms in this box

If none, type 0

DOUBLE ROOM #1

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #2

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #3

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #4

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #5

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #6

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #7

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #8

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #9

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #10

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #11

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

DOUBLE ROOM #12

Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F Date of Birth _____ Arriving Date _____ Leaving Date _____
Name: _____ ☐ Student ☐ Advisor ☐ M ☐ F

5 HOTEL ROOM DETAILS - Triple Rooms



Triple Rooms
3 people per room

REQUIRED: Type the **total # of people**
staying in **triple** rooms in this box

If none, type 0

TRIPLE ROOM #1

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #2

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #3

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #4

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #5

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #6

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #7

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #8

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #9

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #10

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #11

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

TRIPLE ROOM #12

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Arriving Date _____	Leaving Date _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

5 HOTEL ROOM DETAILS - Quad Rooms



Quad Rooms
4 people per room

REQUIRED: Type the **total # of people**
staying in **quad** rooms in this box

If none, type 0

QUAD ROOM #1

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #2

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #3

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #4

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #5

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #6

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #7

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #8

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #9

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #10

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #11

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____

QUAD ROOM #12

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	<u>Date of Birth</u>	<u>Arriving Date</u>	<u>Leaving Date</u>
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> M	<input type="checkbox"/> F	_____	_____	_____



SkillsUSA Arizona REGISTRATION FORM

JUNE 19-25, 2016 | LOUISVILLE, KENTUCKY

6 PAYMENT DETAILS

ROOM TYPE	Total # of people*	Price per person	Total Price	Deposit per person	Total Deposit	Total Price Less Deposit
SINGLE ROOM*	_____	_____	_____	_____	_____	_____
DOUBLE ROOM*	_____	_____	_____	_____	_____	_____
TRIPLE ROOM*	_____	_____	_____	_____	_____	_____
QUAD ROOM*	_____	_____	_____	_____	_____	_____

*The numbers in the **Total # of people column above** are the same as the total # of people you entered in the **orange box on each Hotel Room Details page** (i.e. single, double, triple, quad).

If any of the numbers in the **Total # of people column above** are incorrect, please re-enter the correct # of people on **each Hotel Room Details page**, and the above Payment Details and pricing numbers will update automatically.

TOTAL DEPOSIT DUE ON 04/15/16: \$ _____

FINAL PAYMENT DUE ON 04/15/16: \$ _____

Payment Instructions:

- A non-refundable deposit of **\$400 per person** is due by **04/15/16**.
- **Final Payment** is due in our office by **04/29/16**.

Please make all checks payable to Travel Wise Trips, Inc. On the Check Memo line please write the name of your school and your state.

FAX a copy of ALL Checks to 702-564-5112 along with a cover letter stating the school name and the lead adviser's name.

OR

Mail payments along with a cover letter stating the school name and the lead adviser's name to the following address:

Travel Wise Trips, Inc.
1058 Via Saint Andrea Place
Henderson, NV 89011

7 COMMENTS / ADDITIONAL INFORMATION

Please indicate any special arrangements or any additional information you would like to submit to us that is not indicated on this form.

8 SIGNATURE

☐ **I AGREE** By checking I agree, I agree that all of the information submitted on this form is correct and valid. I agree that a non-refundable deposit must be submitted via fax or mail to Travel Wise Trips, Inc. by the date indicated above.

Name of Person who filled out form: _____

Phone #: _____

***** SAVE YOUR DOCUMENT BEFORE CLOSING *****

Please review this form in its entirety before emailing to sue@travelwisetripsinc.com. Make sure all of the information is correct and spelled correctly including the LEGAL names, genders and dates of birth of the students, adults and advisers. If you need to make changes after you email this form, please email sue@travelwisetripsinc.com, or call (702) 564-9473.

CONTACT SUE LIPSON: Phone: (702) 564-9473 | Fax: (702) 564-5112 | Cell: (516) 578-4234 | sue@travelwisetripsinc.com | www.travelwisetripsinc.com