

INDIVIDUAL INDEPENDENT TRANSPORTATION FORM



Participant's Name: _____ Participant's ID: _____
School Name: _____ School ID: _____
Teacher's Name: _____ Date of Participation: _____
Name of Parent or Guardian: _____ Home Phone: _____

Terms and Conditions

Close Up recognizes that there may be circumstances in which a participant may need to travel separately from the group. In those situations, the following terms and conditions apply:

1. This form must be received by Close Up at least 120 days prior to the program start date. Fax this form to 571-481-2621. A late fee of \$50 per participant is charged for late forms. **IT forms will not be accepted later than 60 days before travel.**
2. Any participant not purchasing Close Up transportation is responsible for all their transportation arrangements and expenses, including travel between airports and hotels, additional lodging if necessary, in-transit meals, gratuities, baggage handling, etc. Please note: Our insurance does not allow independent travelers on our airport transfer equipment.
3. Close Up's hotel registration hours are 12:00 noon–5:00 pm on the program start date. Mandatory hotel check out is no later than 12:00 noon on the day the program ends.
4. Close Up assumes program responsibility after the participant has registered with the program at the hotel. Close Up's program responsibility ends when the participant leaves the program, or when the group to which the participant is assigned checks out of the hotel at the end of the program, whichever occurs first.
5. Meal service begins with the first regularly scheduled evening dinner in the program hotel and ends with breakfast the morning of check out.
6. Close Up teacher fellowships do not cover independent transportation. Close Up cannot reimburse teachers for independent transportation costs.
7. We recommend that all participants purchase travel insurance.
8. We request all travel itineraries a minimum of 30 days prior to your program start date for planning & logistical purposes. Please email meals@closeup.org with your information.

I agree to the terms and conditions for Independent Transportation as stated on this form.

Participant's Parent/Guardian

Date

Close Up Teacher

Date

For Close Up Use Only

Close Up Confirmation Number _____ Program ID _____ Program Week _____