

**Open to
ALL High School Students!**

2010 Historically Black College Tour!

Tour is Only Open to Currently Enrolled HS Students – no guests

When: Sunday, March 28– Wednesday, March 31, 2010

Tour Stops:

ATLANTA: Clark-Atlanta University, Morehouse College, Spelman College

NORTH CAROLINA: North Carolina A & T State University, Bennett College, Johnson C. Smith University

VIRGINIA: Hampton University, Virginia State University

Cost: \$425 (Deposit of \$140 due by 1/25; No checks after 3/1)

\$465 – Registrations/Deposits Received After January 25th

Includes luxury coach transportation, 3-nights hotel accommodations (double occupancy), all breakfasts and lunches

**For additional information contact:
301-265-8326 or 301-248-8833**

Mail Registration Forms & Payments to:

**7707 Allentown Road
Fort Washington, MD 20744
ATTN: College Tour**

(Make Checks Payable to Ebenezer AME Church – SORRY, NO REFUNDS)

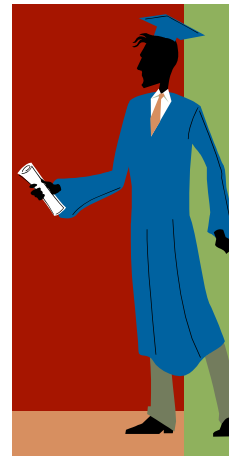
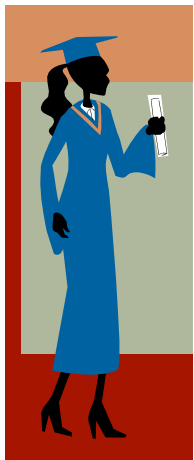
**A Briefing Session for All Registrants
Will be Held March 4th at 7:00 PM**

TOUR SPONSORED BY:

**Ebenezer African Methodist Episcopal Church
7707 Allentown Road
Fort Washington, MD 20744**

Rev. Dr. Grainger Browning, Senior Pastor

Rev. Dr. Jo Ann Browning, Co-Pastor



EBENEZER AFRICAN METHODIST EPISCOPAL CHURCH

Spring 2010 College Tour Registration Form

Last Name _____ First Name _____

Date of Birth _____ Grade _____ High School _____

Male/Female _____ Home Address _____

City _____ State _____ Zip _____

Intended Major/Career Interest _____ Home Number (_____) _____

Parental Authorization

As the parent/legal guardian of _____, I _____ grant him/her permission to attend the Ebenezer A.M.E. Church College Tour that will convene March 28-31, 2010, visiting colleges in North Carolina, Georgia and Virginia. I authorize Ebenezer A.M.E. Church to transport my child from Ebenezer A.M.E. Church located at 7707 Allentown Road, Fort Washington, Maryland to the college, hotel, meal and related sites. I understand that Ebenezer A.M.E. Church will not be liable or responsible for personal injury, loss of personal items or personal damage that may occur to my child in transit or accompaniment to outside activities. I also understand that I will be held responsible for my child's actions, including but not limited to damage caused to any property contracted in conjunction with this tour. I understand that this is a smoke-free, drug-free, alcohol-free tour and that use or possession of any of these substances or weapons may result in my child's immediate dismissal from the tour. I further understand that disciplinary and/or safety concerns resulting from my child's actions will constitute grounds for his/her premature return from the tour. In the event that my child is unable to complete the tour due to disciplinary, health or other circumstances, I will be responsible for any additional travel or related expenses that this circumstance causes Ebenezer A.M.E. Church or its representatives to incur and I will not be entitled to a refund of tour fees.

The chaperones and representatives of Ebenezer A.M.E. Church have permission to act on my behalf in case of any emergency. I authorize and direct the treatment by a qualified and licensed medical doctor of the abovementioned minor child in the event of a medical or dental emergency. During this time, I may be reached at the following numbers:

Home Number (_____) _____ Parent's Work Number (_____) _____

Mobile Number (_____) _____ Other Contact Number (_____) _____

(If you, as guardian, will be traveling during the tour, please provide contact information at your destination).

Additional Contact in Case of Emergency: _____

Relationship _____ Phone _____ or _____

My child might need special attention for or takes the following medications _____

S/he is allergic to _____

S/he requires a special diet that consists of _____

Parent/Guardian Signature _____ Date _____

Name of Insurance Provider _____ Policy Number _____

Name of Primary Insured _____ Primary Physician _____

If additional coverage is available through a non-custodial parent or other source, please complete this section:

Secondary Insurance for My Child is Available through _____

Policy Number _____ Name of Primary Insured _____

Relationship to Child _____ Phone _____

I, _____, agree to abide by the rules and regulations set forth by Ebenezer A.M.E. Church and will conduct myself in a respectable manner befitting a youth representing this congregation. I understand that this is a smoke-free, drug-free, alcohol-free and weapon-free tour and that use or possession of any of these substances may result in my immediate dismissal from the tour.

Youth Signature _____ Date _____

In case you may need to contact us in transit, please call 301-248-8833 and ask for the Youth Ministries Emergency Contact.

FAITH DEPOSITS ARE DUE AS FOLLOWS:

Early Registrants – \$425 – w/\$140 Deposit Received by 1/25: 2nd & 3rd payments due 2/8 & 3/1

Late Registrants – \$465 – Deposit Received After 1/25: Final payment due by 3/1

No Checks After 3/1 \$10 Surcharge for Credit Cards NO REFUNDS

Office Use

Payment Amount Rec. \$ _____ Date _____ Cash (in-person Regis. only) Check Money Order

Mail Form and Full Payment to: Ebenezer A.M.E. Church 7707 Allentown Road, Fort Washington, MD 20744