



## Center for American Archeology REGISTRATION FORM

Complete, sign, & return  
forms to:

CAA Education Program  
P.O. Box 366  
Kampsville, IL 62053

Participant Name: \_\_\_\_\_ Gender: \_\_\_ Age: \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name (students under 18): \_\_\_\_\_

Program Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Cost: \_\_\_\_\_

**Check One:** \_\_\_ I have enclosed a 30% deposit \_\_\_ I have paid in full

### Transportation:

I **will** require transportation from: (please check one)

\_\_\_ Lambert-St. Louis International, St. Louis MO

\_\_\_ Alton, Illinois Amtrak Station

### **Transportation Fee:** (please circle)

a) Airport: \$40.00 Round Trip, \$20.00 One Way

b) Amtrak: \$30.00 Round Trip, \$15.00 One Way

*Transportation Fee must be **paid in full** with Registration. Tuition balances are due **two weeks** before the start of the program. A receipt will be mailed after registration materials are received. Please keep a copy of this form for your records!*

Total Amount Due (tuition + transportation fee as applicable): \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

### **Payment Method:**

Check: \_\_\_ Money Order: \_\_\_ Credit Card: Visa or MasterCard (circle one)

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**FORMS:** All participants must complete & return the following forms to our office: Assumption of Risk/Permission to Photo, Adult or Student Medical Form; students under 18 must complete Behavior Guidelines Form.

**REFUND POLICY:** You will receive a 75% refund if cancellation occurs 14 days before the start of the program and a 50% refund if cancellation occurs less than 14 days before the start of the program. Once the program has started, no refunds are issued.