



American Football Worldwide

JB Sports Enterprises, Inc.

IRELAND 2018 International Competition Tour – FAMILY/FAN/STAFF Registration

PERSONAL INFORMATION – Full Legal Name, etc. (as listed on Passport or will be listed on Passport)

(First): _____ (Middle): _____ (Last): _____

Address: _____ e-mail: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Participating Son's Name and HS: _____

TRAVEL INFORMATION (fill out what is possible at this time)

Intended Departure City (circle): GROUP: NY CHICAGO LA or Land Only Meet in DUBLIN

Passport No: _____ City, State, Country of Birth: _____

Date of Issuance: _____ Expiration Date: _____ Birthday: ____/____/____

Potential Roommate: _____ Traveling with other family members? Yes _____ No _____

If yes, list other family: _____

Emergency Contact: _____ Phone: (____) _____ Relationship: _____

DEPOSIT & PAYMENT: I am enrolling to participate in the American Football Worldwide tour to IRELAND from April 1 – April 9, 2017. With signature below I acknowledge reading the Travelers Information document that outlines the cost, donation/payment timeline and cancellation policies for this trip. With this **\$350 deposit** (\$150 non-refundable if enrollee cancels), I confirm my participation and will abide by the trip organizer's policies.

_____ I am traveling with the group out of (circle one) New York / Chicago / LA.
The base price of my trip will be from NY \$3545 / from Chicago \$3665 / from LA \$3995 if all paid in cash/check.

_____ I will be making my own flight arrangements and will be MEETING THE TOUR GROUP IN DUBLIN on the date of arrival in accordance with the terms in the Travelers Information document. The base price of my trip will be \$2795 if all paid in cash/check.

Signature: _____ Date: _____

_____ Attached/Enclosed is my check/money order for \$350 made out to "**American Football Worldwide**" (AFW), or

Credit Card No : _____

Name on Card: _____

_____ I authorize AFW/JB Sports to charge the listed credit card \$350. I will make arrangements for future payments or donations in accordance with the installation payment plan outlined in the Traveler Information document.

Type (D, V, AE) Expiration: ____/____ Scrty Code: _____

Signature: _____

Date: _____

_____ I authorize JB Sports Enterprises/American Football Worldwide to charge the listed credit card \$350 now and for all future installments in accordance with the due dates listed in the Travelers Information document.

Mail this Registration Form and payment to: American Football Worldwide, 4930 35th Avenue, Moline, IL 61265
Alternatively, scan and send to jb@americanfootballworldwide.com . Credit card information can be called in
and questions can be answered at 309-781-7274