



# Ray of Hope Baptist Church

Rev. Charles M. Franklin, Jr., Pastor

## 2012 Spring College Tour!

**Tour is Only Open to Currently Enrolled HS Students**

**WHEN:** Monday, April 2– Thursday, April 5, 2012

**WHERE:** Charlotte, North Carolina

*Students will tour the following universities:*

- Johnson C. Smith University
- Queens College
- Johnson and Whales
- University of NC-Charlotte

### PRICE INFORMATION:

2 Students Per Room \$400

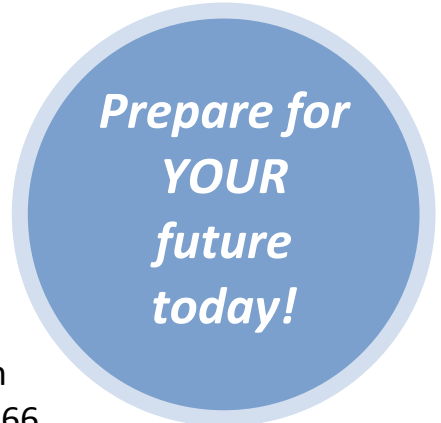
3 Students Per Room \$350

4 Students Per Room \$335

(Payment Plan Available | Deposit of \$100 due by 02/05/12)

### Price includes

- Luxury coach transportation
- 3-nights hotel accommodations at the Wingate by Wyndham Hotel | 6050 Tyvola Glen Circle, Charlotte NC | (704) 523-3366
- Lunch on college campus (Tuesday & Wednesday)
- Breakfast (Tuesday-Thursday)
- Nightly group activities and entertainment
- Dinner banquet (Wednesday evening)



**For additional information contact the Ray of Hope Baptist Church (Office) 410-254-3797 | (email) rayofhopebaptistchurch@verizon.net**

**Return Completed Registration Forms & Payments to:**

**Ray of Hope Baptist Church  
3000 Parkside Drive  
Baltimore, MD 21214  
ATTN: College Tour**

**(Make Checks Payable to Ray of Hope Baptist Church – SORRY, NO REFUNDS)**



**A MANDATORY Meeting for all participants will be held Friday March 23rd at 7:00 PM**

**TOUR SPONSORED BY:**

Ray of Hope Baptist Church

Rev. Charles M. Franklin, Jr., Pastor

3000 Parkside Drive | Baltimore, MD 21214

# RAY OF HOPE BAPTIST CHURCH

3000 Parkside Drive, Baltimore, MD 21214 | 410-254-3797 | www.rohbaptist.org

Rev. Charles M. Franklin, Jr., Pastor

## Spring 2012 College Tour Registration Form

### Student Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ High School \_\_\_\_\_

Home Address \_\_\_\_\_

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

Male/Female \_\_\_\_\_ Intended Major/Career Interest \_\_\_\_\_

Home Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Parental Authorization

As the parent/legal guardian of (student's full name) \_\_\_\_\_, I (parent's full name) \_\_\_\_\_ grant him/her permission to attend the Ray of Hope Baptist Church 2012 College Tour that will convene April 2-5, 2012, visiting colleges in Charlotte, North Carolina. I authorize Ray of Hope Baptist Church to transport my child from Ray of Hope Baptist Church located at 3000 Parkside Drive, Baltimore, Maryland to the colleges, hotel, meals, and related sites. I understand that Ray of Hope Baptist 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 Ray of Hope Baptist Church or its representatives to incur and I will not be entitled to a refund of tour fees.

### Emergency Information

The chaperones and representatives of Ray of Hope Baptist 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:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ (Other Contact Info) \_\_\_\_\_

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:

\_\_\_\_\_

## Emergency Information (Continued)

Name of Insurance Provider \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Primary Insured \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

**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 \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I (student name), \_\_\_\_\_, agree to abide by the rules and regulations set forth by Ray of Hope Baptist Church and will conduct myself in a respectable manner. 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/items may result in my immediate dismissal from the tour.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## PAYMENT PLAN INFORMATION

**NOTE: A deposit of \$100 is due by Sunday February 5<sup>th</sup> for all plans.**

**Please indicate Room Plan**

\_\_\_\_\_ PLAN A: 2 Students Per Room \$400

\_\_\_\_\_ PLAN B: 3 Students Per Room \$350

\_\_\_\_\_ PLAN C: 4 Students Per Room \$335

## PAYMENT SCHEDULES

<u>PLAN A</u>		<u>PLAN B</u>		<u>PLAN C</u>	
Feb. 5 <sup>th</sup>	\$100=DEPOSIT	Feb. 5 <sup>th</sup>	\$100=DEPOSIT	Feb. 5 <sup>th</sup>	\$100=DEPOSIT
Feb. 26 <sup>th</sup>	\$100=2 <sup>ND</sup> PAYMENT	Feb. 26 <sup>th</sup>	\$85=2 <sup>ND</sup> PAYMENT	Feb. 26 <sup>th</sup>	\$80=2 <sup>ND</sup> PAYMENT
Mar. 11 <sup>th</sup>	\$100=3 <sup>RD</sup> PAYMENT	Mar. 11 <sup>th</sup>	\$85=3 <sup>RD</sup> PAYMENT	Mar. 11 <sup>th</sup>	\$80=3 <sup>RD</sup> PAYMENT
Mar. 25 <sup>th</sup>	\$100= FINAL PAYMENT	Mar. 25 <sup>th</sup>	\$80= FINAL PAYMENT	Mar. 25 <sup>th</sup>	\$75= FINAL PAYMENT

## ROOMMATE PREFERENCE

If you know the students you would like to share a room with, please list the name(s) in the space provided (all rooms are single sex only).

If you only have a partial list of roommates or none at all and you wish for Ray of Hope Baptist Church to pair you with a roommate or roommates, please check the box below.

\_\_\_\_\_ **I wish for Ray of Hope to select roommate(s)**