

# ELDERHOSTEL REGISTRATION FORM: U.S. & CANADA

You may register immediately for these programs

## 1. Please complete for each person in your household

Student ID # (if known) \_\_\_\_\_  
 Mr./Mrs./Miss/Ms. \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ state \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_  
 Alternate phone ( ) \_\_\_\_\_  
 Date of birth \_\_\_\_\_  Male  Female  
 E-mail address \_\_\_\_\_

*Optional ethnicity information:*  
 African American  Asian  Caucasian  Hispanic  
 American Indian/Native American  Other: \_\_\_\_\_

Student ID # (if known) \_\_\_\_\_  
 Mr./Mrs./Miss/Ms. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Alternate phone ( ) \_\_\_\_\_  
 Date of birth \_\_\_\_\_  Male  Female  
 E-mail address \_\_\_\_\_

*Optional ethnicity information:*  
 African American  Asian  Caucasian  Hispanic  
 American Indian/Native American  Other: \_\_\_\_\_

Check if registering a Younger Companion on an Intergenerational program. *If you wish all information to be sent to the older companion's address, please use your address for the younger companion.*

Student ID # (if known) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Alternate phone ( ) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  Male  Female

**Register by mail**  
 Elderhostel, Inc.  
 11 Avenue de Lafayette  
 Boston, MA 02111-1746

**Register by toll-free fax**  
 1-877-426-2166  
 Credit card only

## 2. Select accommodations (To be honored if possible)

Single room  
 Double room with roommate assigned by site  
 Double room with individual above  
 Double room with individual (listed below) who resides at a different address  
 Name of preferred roommate \_\_\_\_\_  
 Student ID # (if known) \_\_\_\_\_

## 3. Select program(s)

Program #1	Program date	Cost	persons	total
_____	_____	_____	X _____	= \$ _____ A

Program Name \_\_\_\_\_  
 Selection (If applicable) \_\_\_\_\_  
 Code \_\_\_\_\_

<i>Alternate #</i>	<i>Program date</i>	<i>Alternate Program Name</i>
_____	_____	_____

Program #2	Program date	Cost	persons	total
_____	_____	_____	X _____	= \$ _____ B

Program Name \_\_\_\_\_  
 Selection (If applicable) \_\_\_\_\_ Code \_\_\_\_\_  
*Alternate # Program date Alternate Program Name*  
 \_\_\_\_\_

## 4. Select payment option

Full payment (add totals form A + B above) = \$ \_\_\_\_\_  
 Or  
 Deposit only \_\_\_\_\_ X \_\_\_\_\_ X \$100 = \$ \_\_\_\_\_  
# of people # of programs  
 US Tax-deductible contribution to EH Annual Fund \$ \_\_\_\_\_  
 Total amount in US funds \$ \_\_\_\_\_

## 5. Select payment method

Check or money order payable to Elderhostel, Inc.  
*Help not-for-profit Elderhostel reduce expenses, please pay by check. Thank you.*  
 Visa  MasterCard  Amex  Discover  
 Card # \_\_\_\_\_  
 Expiration date   /  /    
 Signature \_\_\_\_\_