



7396 Rivers Avenue, North Charleston, SC 29406-4613

Website: [www.FourRiversOutreach.Org](http://www.FourRiversOutreach.Org)

To enhance and improve the quality of life for youth, adults, and seniors through education, training services, programs and employment; thereby strengthening families and transforming communities within the Tri-County area.

### **Black College Tour Registration**

Complete this form and mail to:

Four Rivers Outreach CDC  
ATTN: Spring 2020 Black College Tour  
7396 Rivers Avenue  
North Charleston, SC 29406-4613

You also have the option of dropping this form off at the Mt. Moriah Church Office or email to [info@FourRiversOutreach.Org](mailto:info@FourRiversOutreach.Org).

Price of the tour is \$600.00. You must pay a \$150.00 deposit upfront to reserve a space on the tour. Three installments of \$150.00 due on January 5<sup>th</sup>, February 5<sup>th</sup>, and March 5<sup>th</sup> of 2024 are required. Installments will be billed via email and can be paid via online billing with debit, credit, or Bank draft. Further, a \$5.00 discount will be applied to payments when parents/guardians enroll into our automatic installment draft payment program.

Please fill out this form completely and send in with your payment (Please print or type). Failure to fill out the form could result in your payment being returned, improperly posted or the student could be denied space on the trip. Thank you!

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Spring 2024 School Grade: \_\_\_\_\_ Student T-Shirt Size: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Age: \_\_\_\_\_

Student's School: \_\_\_\_\_

Name of Parent(s) /Guardian(s): \_\_\_\_\_

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

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

Home Phone Number: \_\_\_\_\_ Work Number; \_\_\_\_\_

Cell Number: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

**Note: If any of the above information changes, please notify Four Rivers Outreach immediately. Prior to Tour departure parents will be required to complete a Medical Consent Form that provides the name of the Health Insurance Company (to include Group or Account Number)**

## **Black College Tour Registration (Cont.)**

Anticipate receiving an announcement for a Parent/Guardian and Student Town Hall Meeting at Mt. Moriah the last week in March 2024. At that meeting the medical consent and student code of conduct forms will be completed on all participants.

Please contact the Mt Moriah Church Office, visit our website ([www.FourRiversOutreach.Org](http://www.FourRiversOutreach.Org)) or email [info@FourRiversOutreach.Org](mailto:info@FourRiversOutreach.Org) with any questions.

I hereby voluntary and without compensation authorize the Four Rivers Outreach Community Development Corporation to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the previously named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand Four Rivers Outreach Community Development Corporation and its employees will not use these materials for compensation.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Legal Guardian

**Please complete the below section if you elect to enroll in the Automatic Installment Bank Draft program to receive the \$5.00 discount per payment.**

### **Automatic Bank Draft Authorization e-Check Authorization Section**

**Please complete, sign, and attach voided check or deposit slip.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(first) (Last)

Name of Bank: \_\_\_\_\_

Name of Bank Account Holder: \_\_\_\_\_

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

**I authorize Four Rivers Outreach Community Development Corporation to charge my:**

**Checking account (attach voided check)**

**Savings account (attach voided deposit slip)**

**I understand a \$5.00 discount will be applied to each installment payment. I also understand that I control my payments and if at any time I decide to discontinue this automatic payment plan, I will notify Four Rivers Outreach Community Development Corporation in writing.**

**Signature of authorized bank account holder:**

\_\_\_\_\_ **Date:** \_\_\_\_\_