Four Rivers Outreach
Community Development Corporation

BLACK COLLEGE TOUR 2026

Fayetteville State University
Virginia State University
Virginia Union University
Winston-Salem State University
Livingston College
Johnson C. Smith University
Clinton College

ALL INCLUSIVE TRIP $625.00

Transportation
Hotel Accommodations
Meals
Activities
Souvenir T-shirt
Chaperones

Dates: Monday, April 6th – Saturday, April 11, 2026

Space is limited. Please register early to reserve a seat.

View Black College Tour 2025 Highlights at
www.FourRiversOutreach.Org or Scan the QR Code

Four Rivers Outreach
Community Development Corporation

Gold Transparency 2025 Candid.

7396 Rivers Avenue, North Charleston, SC 29406-4613
Website: 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 2026 Registration

Complete this form and mail to:

Four Rivers Outreach CDC
ATTN: Spring 2026 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.

The price of the tour is $625.00. You must pay a $175.00 deposit up front to reserve a space on the tour. Three installments of $150.00 are due on January 5, February 5, and March 5, 2026. Installments will be billed via email and can be paid online using a debit or credit card, Apple Pay, PayPal, Venmo, or a Bank draft. Further, a $5.00 discount will be applied to payments when parents/guardians enroll in our automatic installment draft payment program.

Please complete this form in full and submit it along with your payment. (Please print or type your responses.) 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 2025 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)

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Black College Tour Registration (Cont.)

Anticipate receiving an announcement for a Parent/Guardian and Student Town Hall Meeting at Mt. Moriah the first week in April 2025. At that meeting, the medical consent and student code of conduct forms will be completed for all participants.
Please contact the Mt Moriah Church Office, visit our website (*www.FourRiversOutreach.Org*) or email info@FourRiversOutreach.Org with any questions.
I hereby voluntarily and without compensation authorize the Four Rivers Outreach Community Development Corporation to produce photographs, movies, videotapes, audio-tapes, and PowerPoint 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 that Four Rivers Outreach Community Development Corporation and its employees will not use these materials for personal or professional gain.

_____ _____
Date Signature of Parent/Legal Guardian

Please complete the section below 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 a voided check or deposit slip.
Name: _____ _____ **Phone Number:** _____
(first) **(Last)**

Name of Bank: _____

Name of Bank Account Holder: _____

Account Routing Number: _____ **Account Number:** _____

Or Credit Card number:_____ **Exp Date:**_____ **Security Code:**_____
I authorize Four Rivers Outreach Community Development Corporation to charge my:

- ☐ **Checking account (attach voided check)**
- ☐ **Savings account (attach voided deposit slip)**
- ☐ **Credit Card**

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

Signature of authorized bank account holder:

_____ **Date:** _____