

REGISTRATION FORM - WASHINGTON DC

(please print clearly)

Name of Student: _____ School _____

Home Address _____ City _____ State _____ Zip _____

Name of Parent: _____ Parent Signature _____

Home Phone _____ Day Phone _____

Email Address _____

Payment Enclosed

Payment will be made via credit card / PayPal account

please make all checks payable to:

CAPITAL TOURS, INC.

200 Merrimack Street, Suite 401

Haverhill, MA 01830
