Statement of Financial Responsibility

I ______________________________ agree to be a participant in the

(Print Student’s Full Name) Multicultural Visit Program at Oberlin College on the following dates:

☐ April 14 – 16, 2016  ☐ April 21 – 23, 2016

As a participant I agree and understand:

1. A ticket will not be purchased for me until I return a signed copy of this statement by fax to (440) 775-6905 or by email to Multicultural.Admissions@oberlin.edu.

2. Once a non-refundable and non-transferable airline ticket is purchased for me, no changes to the itinerary can be made. In the event that I have to withdraw from the program (after the ticket is purchased) or am unable to attend, my family will be responsible for reimbursing Oberlin College the full cost of the airline ticket.

3. I will be responsible for transportation to and from the airport of my flight origination.

4. I will be responsible for any baggage fees associated with my travel.

5. I may miss two days of school (Thursday and Friday).

6. Airlines request that we name the form of ID the traveler will use when flights are booked; the form of identification must match what the traveler shows when they go through security at the airport. (Examples of ID are: drivers license, passport, and birth certificate).

FORM OF IDENTIFICATION: _______________________________________

Nearest Airport(s) to my residence are:

• Example if you live in Chapel Hill, NC list Raleigh Dunham Int’l  15.2 miles_____________

• ____________________________________________________________________________

• ____________________________________________________________________________

• ____________________________________________________________________________

• ____________________________________________________________________________

(Note: Regional airports are usually cost prohibitive)

_________________________________________  _________________________________
Signature of Student (required)  Date

_________________________________________  _________________________________
Signature of Parent/Guardian (required)  Date

_________________________________________  _________________________________
Counselor signature (required)  Date