

Flip the Script Trip Application

First Name: _____

Last Name: _____

Address: _____

Email Address: _____

Phone: _____ Date of Birth: _____

Why are you interested in embarking on the Flip the Script trip? And what expectations do you have?

How did you hear about the trip?

Please sign here that you are willing to read and agree to our trip guidelines and policies. Reading and agreeing to adhere to these, will happen prior to your application acceptance.

Signature: _____ Date: _____

