



Fly-In Program Agreement Form Office of Admissions

Student Information

Name: _____
Last First

Address: _____
Street City State Zip

Parent/Guardian Information

Name: _____
Last First

Address: _____
Street City State Zip

Work Phone: _____ Home Phone: _____ Cell Phone: _____

By signing this form:

- 1) I agree that I will be able to make it to the airport in time to make my flight.
- 2) I understand that the flight purchased for me is non-refundable and that should I fail to follow through with the flight that I will pay all costs incurred by Union College for the flight.
- 3) I understand that should I need to make a change to my flight that I will communicate with the Union College Admissions Office at least a week before the flight to minimize the change in cost of the flight.
- 4) I acknowledge that I have read this entire agreement, I fully understand it, and I agree to be bound by it.

Student Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date