

Pay It Forward Tour 2009

Oh, the Places
You'll
Serve!

Date

March 20 - 28

Celebration City

Atlanta, GA

Contact Information

Tours@STLF.net

Price

\$125

non-refundable

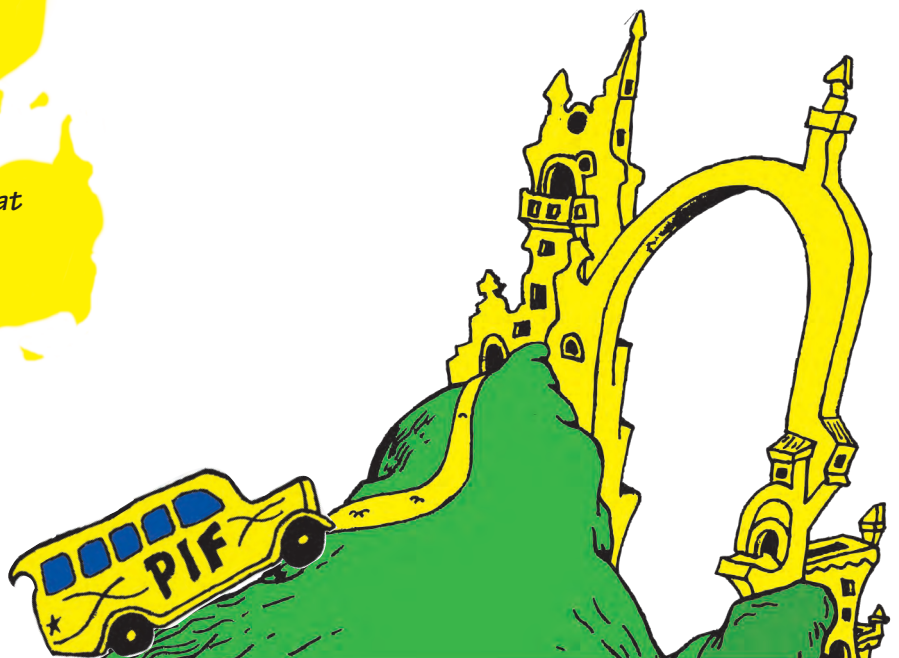
deposit needed to
hold your spot

Complete tour routes are available online at

www.STLF.net



Students Today Leaders Forever



Pay It Forward Tour 2009

Oh, The Places You'll Serve!

The ***Pay It Forward Tour 2009*** will consist of a total of 26 buses and 900 students collectively serving 136 cities over 4 weeks in March 2009! The *Pay It Forward Tour* is organized through Students Today Leaders Forever (STLF), a student-driven nonprofit based out of Minneapolis, MN, with student-led chapters on 16 campuses. ***The Pay it Forward Tour*** engages students in a traveling leadership experience focused on service, education, and reflection. This is an all-inclusive program that is designed to build relationships, make a difference, and leave a lasting impact.

The Tour is an opportunity to travel to six cities across the country, see some of the sites, and learn about communities and social issues. Each Tour takes a separate cross-country route to 5 different cities en route to a joint end destination. All routes are open to all students from any university.

WHO WE ARE -- STLF AT A GLANCE

STLF is a group of optimistic students who engage in servant leadership to create inspiring, positive life experiences. We are a Minneapolis-based nonprofit that provides youth programming throughout the Midwest, with direct impacts across the country.

STLF's mission is to reveal leadership through service, relationships, and action. Our vision is to energize generations of servant leaders.

A TYPICAL DAY ON THE TOUR

Pay It Forward Tours are 9 days long with service projects in six cities. Each tour leaves from one campus and travel to 6 different cities—a different city and service project each day. The last city is the **celebration city**, or the Tour's end destination. A typical day consists of service in the morning, lunch with the community the Tour is serving, travel to the next destination, and an evening filled with activities, discussion, and good conversation with great people.

Typical Day on the Tour:

- Service Project in the Morning
- Lunch with the Community Served
- Bus Travel in the Afternoon to Next City
- Potential Tourism in City when schedule allows
- Evening Activities and Reflection
- Spend the Night*

**With the exception of two nights in a hotel in the Celebration City, participants sleep in gyms, community centers, churches, etc)*

PAY IT FORWARD TOUR FAST FACTS

- Over 3,600 students have taken part in 99 student-led Pay It Forward Tours in just five years.
- All Tours are organized and led by student volunteer leaders, offering all participants countless opportunities for future opportunities to lead programs.
- Each bus usually has around 35 – 40 participants.
- A \$125 non-refundable deposit is needed to secure your spot.
- The total cost of the Tour is \$425, and includes two shirts, two meals per day, cross-country travel by coach bus to six cities, lodging (two nights in hotel), sightseeing, and much more.
- There is limited partial financial aid available for students who demonstrate real financial need.

Thanks for being a part of a growing movement of young people committed to changing the world!

“Promoting initiative and living with passion... believing one student CAN make a difference.”



To reveal leadership through service, relationships, and action.

STLF's College Pay It Forward Tour Registration Form

Please complete and return it to STLF at the address at the top right of this page, or to an STLF Core Leader on your campus. Be sure to enclose a minimum non-refundable down payment of \$125 to reserve your spot on the Tour!

General Information:

First and Last Name: _____

Email: _____

Cell Phone: _____

School: _____

Want to Receive Text Message Updates?

Year/Status: _____

Yes No

Gender (Please Circle): Male Female

Birth Date: _____

Permanent Address: _____

City: _____

State: _____ Zip: _____

Major: _____

High School: _____

Parent Information:

Parent/Guardian Name(s): _____

Parent/Guardian Address (If Different from Above): _____

City: _____

State: _____ Zip: _____

Tour Information:

Route Choice: _____

Second Choice: _____

Note: All routes open to students from any school

Note: If first choice route is full

How did you find out about the Pay it Forward Tour?

- Minimum of \$125 non-refundable down payment required to reserve your spot on the Tour.
 - Please submit to STLF Leaders on your campus, or mail forms and a check to the address on top of page.
 - Please make all checks payable to Students Today Leaders Forever.
 - The full payment of \$425 (down payment included) is due two weeks prior to your Tour departure.
 - There is a limited amount of strictly need-based financial aid available upon request and application.
 - Would you consider an additional donation to provide financial aid for those who cannot afford the full price of the Tour? We appreciate any and all support. Thank You!
- Donation Amount: \$ _____

I, _____, state that all of the above it true. I agree to complete all of the financial obligations **before** getting on the bus:

Signature

Date



STLF Participant Waiver Form

I have chosen to participate in the Students Today Leaders Forever (STLF) Pay It Forward Tour. I agree to abide by any decision of STLF relative to my ability to safely complete this experience. I assume all risks associated with participating in this program. Having read this waiver and, knowing these facts, and in consideration of your accepting my registration, I for myself and anyone entitled to act for my behalf, waive and release STLF, affiliated educational institutions, organizational partners, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this Tour.

Photo/Video Release:

I understand that from time to time, trip participants may appear in photographs, videotapes and publications on behalf of Students Today Leaders Forever. In consideration of my participation in the Pay it Forward Tour, I grant full permission to STLF, and/or the agents authorized by them to make and use any such record for publication, public relations, and/or advertising purposes, without limitation, reservation or any additional compensation.

Health Insurance:

I understand that I am required to have adequate health insurance coverage to participate in this STLF program. By signing below, I authorize that I have proper health insurance coverage.

In consideration of the benefits of the activities listed above, I _____, hereby release and discharge STLF, affiliated educational institutions, organizational partners, and their representatives and successors from all claims or liabilities of any kind resulting from complication arising out of a current health problem or personal negligence in this STLF Program.

Signature: _____

Date: _____

Print Name: _____

A parent/guardian signature is required if student participant is under the age of 18 or is still in high school.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____



STLF College Program Safety and Participation Requirements

I am voluntarily participating in an STLFL College program. By signing this document, I am stating that I have read this document in its entirety. I understand and will cooperate with each item listed. I will abide by the rules, regulations, and requests set forth by STLFL leadership. I understand that the following is in place to ensure for the safety and well-being of all involved in this STLFL program.

STLF College Pay it Forward Tour Participant Requirements:

- I am participating on the STLFL Pay it Forward Tour knowing that I must abide by the organization and Tour guidelines.
- I agree to participate in all activities and service projects associated with this STLFL experience whenever physically capable.
- I understand the STLFL Core Leaders are here as guides, organizers, and leaders.
- I understand that their directions and requests are done with the group and my personal well-being in mind; thus, I will cooperate to the best of my ability.
- I understand that there is a Zero Tolerance Policy regarding the possession and use of alcohol, drugs, or other illegal substances, regardless of age, gender, culture, etc.
- I understand that I may be asked to leave this program if I do not comply with the abovementioned Zero Tolerance Policy explained above.
- I understand that the rules of any places we stay or serve are also rules that I must abide by, as they are indirect rules of the STLFL.
- I understand that if I violate any STLFL requirements, I may be asked to leave the program early.
- I understand that if, for any reason, I must leave the program, I am then responsible for finding, confirming, and paying for all fees my departure may incur, including transportation, lodging, food, etc.

Full Name (printed)

Signature

Date



STLF Health Information Form

Students Today Leaders Forever (STLF) requires that the following health information and liability waiver form be completed and returned before you attend this STLF program. For any questions regarding any aspect of the form, please email info@stlf.net. This is an information record to ensure for your safety and to assist STLF in making appropriate accommodations throughout your experience.

Program Attending: _____

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Emergency Contact Information

Parent/Guardian: _____

Address: _____

Phone (Home/Cell): _____

Phone (Work): _____

2nd Emergency Contact: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Health History

- Asthma: Yes: ___ No: ___
- Diabetes: Yes: ___ No: ___
- Heart Problems: Yes: ___ No: ___
- Mono: Yes: ___ No: ___
- Orthopedic Problem: Yes: ___ No: ___
- Depression: Yes: ___ No: ___
- Head Injury: Yes: ___ No: ___
- Migraine: Yes: ___ No: ___

Please explain all "yes" answers: _____

Other physical limitations: _____

List all current medications (Prescription, Over-the-counter and Herbal): _____

Are you CPR and/or First Aid Certified? _____

Health Insurance

Health Insurance Provider: _____

Policy/ID Number: _____

Insurance Phone: _____

Insurance Address: _____

Allergies

Aspirin: Yes: ___ No: ___

Penicillin: Yes: ___ No: ___

Sulfa: Yes: ___ No: ___

Bee Sting: Yes: ___ No: ___

If yes, do you carry an Epi Pen? Yes: ___ No: ___

Food, please list: _____

Other: _____

Please indicate Yes or No for over-the-counter medications that may be administered if indicated due to injury and/or illness, according to the manufacturer's recommendations, by the leadership of Students Today Leaders Forever.

Ibuprofen: Yes: ___ No: ___

Tylenol: Yes: ___ No: ___

Robitussin DM: Yes: ___ No: ___

Benadryl: Yes: ___ No: ___

Pepto Bismol: Yes: ___ No: ___

Hydrocortisone Cream 1%: Yes: ___ No: ___

Authorization

I give my permission to be treated by a First Responder, EMT, Paramedic, Certified Nurse Practitioner, Registered Nurse or Licensed Physician. I further agree that STLF and its leaders will be held harmless from and indemnified against any and all liability, cost, claims, loss, or damage which may incur as a result of any accident or injury. I authorize that all information on this form is true to the best of my knowledge.

Signature _____ Date _____

Print _____

Parent/Guardian Signature (If under 18 or in High School) _____ Date _____