

**TO REGISTER, print both sides of this form & send with payment to:**

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**New Directions**

5276 Hollister Ave., Suite #207 Santa Barbara, CA 93111 ph: (805) 967-2841 or tollfree: (888) 967-2841

fax: (805) 964-7344 email: hello@newdirectionstravel.org www.newdirectionstravel.org

How did you hear about New Directions? \_\_\_\_\_

**TRAVELER'S INFO**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Male [ ] Female [ ] D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_ Weight \_\_\_\_ Eye Color \_\_\_\_ Hair Color \_\_\_\_ Is the Traveler conserved? YES [ ] NO [ ]

Does the traveler have a State Photo I.D.? YES [ ] NO [ ] (Required By All Airlines For Boarding Any Plane!)

Does the traveler have a passport? YES [ ] NO [ ] (Required For All International Travel)

**TOUR NAME** \_\_\_\_\_ **TOUR #** \_\_\_\_\_

Traveler's Preferred Airports \_\_\_\_\_

Can Traveler fly alone on an airplane if a Tour Guide is at the gate waiting for them in LAX? [ ] YES [ ] NO

If NO, please explain why \_\_\_\_\_

Traveler requires a 1:4 ratio [ ] or 1:1 ratio [ ]

If a 1:1 ratio is needed, why? \_\_\_\_\_

**Contact Person on first and last day of tour regarding travel logistics:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

**Who would you like to receive the traveler's itinerary, flight info, packing lists, name badge, etc.?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ email: \_\_\_\_\_

**Parents or Others closely involved in life of traveler:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ email: \_\_\_\_\_

**Regional Center Case Manager:**

Name \_\_\_\_\_ Regional Center \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ email: \_\_\_\_\_

**Send Financial Information to:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ email: \_\_\_\_\_

**PAYMENT INFORMATION** (please make check or money order payable to New Directions)

Tour Fee or Deposit	\$ _____	(full payment is due 60 days prior to tour)
New Traveler Fee	\$ _____	(one time \$25 fee)
→ New Directions T-shirt	\$ <b>FREE!</b>	(size S [ ] M [ ] L [ ] XL [ ] XXL [ ])
→ New Directions Coffee Mug	\$ _____	(\$5.00)
→ New Directions Hat	\$ _____	(\$10.00)
→ New Directions Fanny Pack	\$ _____	(\$12.00)
→ New Directions Back Pack	\$ _____	(\$25.00)

YES! I support your wonderful work.

Here is my tax-deductible donation for: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

Please charge my Mastercard  or VISA  account # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CV# \_\_\_\_\_ (3-digit number printed on the back of your card)

Billing address of cardholder \_\_\_\_\_

**NEW DIRECTIONS TRAVELER PROFILE**

**Traveler's Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LIVING SITUATION**  Group Home  Residential Facility  With family  Lives independently

**COGNITIVE/MENTAL STATUS**  Mild  Moderate  Severe Mental Retardation  Autistic  
 Schizophrenia  Cerebral Palsy  Mental Illness  Other \_\_\_\_\_

**MEDICAL CONDITIONS**

Food / Drug Allergies (please list) \_\_\_\_\_  
**Seizures**  Controlled  Uncontrolled Date of last seizure \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Diabetes**  Insulin Controlled  Med Controlled  Diet Controlled  
 Dietary Limitations/Restrictions? Describe \_\_\_\_\_  
 Communicable diseases: Hepatitis B, TB, (please specify) \_\_\_\_\_

**VISION**  Okay If other describe \_\_\_\_\_

**HEARING**  Okay If other describe \_\_\_\_\_  
 Communicates easily. If not describe \_\_\_\_\_

**MOBILITY**  Okay  Uses Manual Wheelchair  Uses Electric Wheelchair  Walker  Cane  
 Needs Wheelchair only for distance  Needs lift van  Needs Hoyer Lift

**SOCIAL BEHAVIOR**  Appropriate If not describe \_\_\_\_\_

Does Traveler have a history of aggressive or destructive behavior?  YES  NO  
 If YES, describe \_\_\_\_\_

**SLEEPING HABITS**  Sleeps soundly If other describe \_\_\_\_\_

Traveler may "room" with another traveler  
 Traveler must "room" with a tour guide because: \_\_\_\_\_

SELF CARE	Totally Independent	Assistance Needed		Describe Support Needed
		Verbal	Physical	
Dressing				
Bathing				
Toileting				<input type="checkbox"/> Needs sheet protection <input type="checkbox"/> Wears adult briefs <input type="checkbox"/> Restrict fluids in the P.M.
Feeding				
Hygiene				

Swims well  Shallow end only  Must wear float  Does not Swim Hot Tub  YES  NO

**STREET SAFETY**  Will stay with group  Has tendency to wander

**MONEY SKILLS**  Traveler should hold own spending money  Tour guide should hold traveler's money

**PHONE SKILLS** Able to use phone reliably  YES  NO Able to Read  YES  NO

Does Traveler consume alcoholic beverages?  YES  NO Does Traveler smoke?  YES  NO

At a theme park does the traveler like:  Fast Rides  Slow Rides  No Rides at all

Describe any other pertinent information we should know about the traveler: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*If a traveler must be sent home early due to violent or disruptive behavior this will occur at the traveler's expense and without refund.*

**Person Completing Profile** \_\_\_\_\_ **Signature** \_\_\_\_\_