

Presidential Inauguration Participant's Packet

EACH PARTICIPANT MUST COMPLETE A PACKET!!

December 31, 2008

Congratulations, Participant!

You are registered to participate in a **4-day/3-night trip to Washington, DC** for the **Presidential Inauguration on January 17 – 20, 2009**.

All payments for this event are **non-refundable**. Please complete this packet and fax to 1-877-661-1898 by **MONDAY, JANUARY 5, 2009**.

This packet has been designed to assist you in preparing for your upcoming trip. It is our goal to make sure that you are a well-informed participant so that you get the most out of this exciting experience.

If you have any questions, feel free to contact us at 770-652-3328 or 678-859-1604 or email us at dwhite@dreambig-inc.com.

REGISTRATION INFORMATION

PLEASE PRINT CLEARLY and LEGIBLY

Full Name: _____ Gender: _____ Age _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Alt. Email Address: _____

Parents'/Guardians' Name(s) if the participant is under 18: _____
Parents'/Guardians' Home Phone: _____ *Cell Phone:* _____
Parents'/Guardians' Email Address: _____

How many **total persons** including yourself are in your party? _____ How many persons will be in your hotel room? _____ If you don't know, please write "unknown".

Name each person in your hotel room below, maximum of 5 including yourself.

Room Occupants: **(self)** _____ (2) _____

(3) _____ (4) _____ (5) _____

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RELEASE STATEMENT

I, _____, am a registered participant in the upcoming **Presidential Inauguration Trip** hosted by Dream Big, Inc. on **January 17-20, 2009**. I affirm that I will not hold Dream Big, Inc, nor its officers nor the selected transportation company(ies), hotel, or other contracted companies responsible for any mishaps or loss that may occur during this trip. I also acknowledge that I am financially responsible for any damages or missing items from my assigned hotel room.

Participant's Signature

Date

Parent/Guardian Signature (if applicable)

Date

MEDICAL RELEASE

I, _____ by reason of the Presidential Inauguration Trip on **January 17-20, 2009**, grant my permission and authorization for the organizers to provide me with emergency medical attention by medical professionals, i.e. Emergency Medical Technicians (EMT/911) or an accredited hospital if such attention is deemed necessary.

Participant's Signature

Date

Parent/Guardian Signature (if applicable)

Date

MEDICAL INFORMATION

1. Do you have any illness, health conditions, mobility limitations, or communicable disease that the coordinators should be aware of? _____ If so, please list. _____.
2. Do you have allergies to any foods or medications? _____ If so, please list. _____.
3. Are you required by a medical doctor to take any medications that we should be aware of? _____ If so, please list _____.

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EMERGENCY CONTACT INFORMATION

IN AN EMERGENCY, PLEASE CONTACT ON MY BEHALF:

Name _____

Home # _____

Work # _____

Cell Phone # _____

Name of Health Insurance Co _____

Insurance Co. Phone Number _____

Policy Holder _____

Policy Number _____

PERMISSION TO USE IMAGE

I, the undersigned **DO / DO NOT** grant unrestricted permission to use my/my child's image, as captured by video or photography .The term "use" includes, but may not be limited to, promotional pieces for print, digital, website and marketing/advertising materials. Furthermore, I understand that compensation will not be provided now or in the future for any such video or digital images captured. I understand that my/my child's full name **will not** be used in conjunction with any video or digital images.

Participant's Signature

Date

Parent/Guardian Signature (if applicable)

Date

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WHAT TO BRING:

- 👉 A GREAT ATTITUDE!
- 👉 **1** Medium-size piece of luggage
- 👉 4 or 5 changes of **comfortable** clothing
- 👉 Toiletries
- 👉 Sleepwear/Bath Robe/Slippers
- 👉 Medications (if needed)
- 👉 **Comfortable** walking shoes
- 👉 Money for meals not covered in cost of trip
- 👉 Extra Money for Shopping/Souvenirs
- 👉 Digital or Disposable Camera/Batteries
- 👉 Cell Phone **that accepts text messages**
- 👉 Cell Phone Charger
- 👉 Notebook/Journal and Pens (optional)
- 👉 Pillow/Blanket for bus
- 👉 Back Pack/Small Umbrella
- 👉 Snacks/Bottled Waters
- 👉 IPOD/MP3 Player with earphones
- 👉 **Weather appropriate clothing such as:**
coat/heavy jacket, scarf, hat, gloves, thermals

MEALS

Breakfast

All participants will have the opportunity to eat breakfast each morning during allotted times ONLY. The allotted times, for all activities including meals, will be listed on your revised itinerary. If a participant misses breakfast, there will not be an opportunity to eat until lunchtime. Therefore, we advise that participants plan to wake up early enough to shower, dress, and eat breakfast before we depart for the day's activities. Participants are also welcome to keep snacks and bottled waters in their backpacks to enjoy during the day.

Lunch/Dinner

One lunch meal and two dinner meals will be provided. Participants should budget accordingly for meals not covered in the cost of the trip.

WRAP UP – This information covers all of the basics. You will receive a revised itinerary via email approximately one week before the trip. If you have any questions prior to our departure, do not hesitate to contact us at 770-652-3328 or 678-859-1604. Thank you and we look forward to seeing you!