

# Alumni Journeys

The Johns Hopkins University Alumni Journeys Travel Program

The following information is requested from each passenger who is participating in a tour sponsored by the Alumni Relations Office.

Please answer the following questions.

## First passenger

Last name Title (Mr.,Ms.,Dr.,etc.)

First name Middle

Maiden name Nickname

Personal/Professional (MD,PhD,Esq.) Birth date

Residence address

City State Zip code

Home phone Home e-mail

Do you have an Internet homepage address? ☐ Yes ☐ No

If yes, print here: http:// \_\_\_\_\_

Profession/Occupation/Professional Title

Business address

City State Zip code

Business phone

Business e-mail

Preferred address (Where do you want your Hopkins mail sent?):

☐ Home ☐ Business

1st JHU degree Division Major Year

2nd JHU degree Division Major Year

3rd JHU degree Division Major Year

Preferred class year for reunions \_\_\_\_\_

Other higher education excluding Hopkins:

Institution

Degree Major Year

## Second passenger

Last name Title (Mr.,Ms.,Dr.,etc.)

First name Middle

Maiden name Nickname

Personal/Professional (MD,PhD,Esq.) Birth date

Residence address

City State Zip code

Home phone Home e-mail

Do you have an Internet homepage address? ☐ Yes ☐ No

If yes, print here: http:// \_\_\_\_\_

Profession/Occupation/Professional Title

Business address

City State Zip code

Business phone

Business e-mail

Preferred address (Where do you want your Hopkins mail sent?):

☐ Home ☐ Business

1st JHU degree Division Major Year

2nd JHU degree Division Major Year

3rd JHU degree Division Major Year

Preferred class year for reunions \_\_\_\_\_

Other higher education excluding Hopkins:

Institution

Degree Major Year

Do you have children? ☐ Yes ☐ No / ☐ If yes, JHU alumni?

Child's first/middle name	Last name	Age	Gender(M/F)
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Child's first/middle name	Last name	Age	Gender(M/F)
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Child's first/middle name	Last name	Age	Gender(M/F)
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Do you have grandchildren attending JHU? ☐ Yes ☐ No

If so, names: \_\_\_\_\_

Marital status: ☐ Single ☐ Married ☐ Companion

☐ Divorced ☐ Widowed

Spouse/Companion	Last Name	First/Middle/Maiden
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College/University of spouse/companion

Degree	Year	Division	Year
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Family members who attended Johns Hopkins (*other than spouse*):

Name	Relationship	Year
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How would you rate the impact of your Hopkins education on your life and career?

☐ Invaluable ☐ Helpful ☐ Somewhat helpful ☐ No impact

Would you recommend Johns Hopkins to your or another precollege-age child? ☐ Yes ☐ No

Why or why not? \_\_\_\_\_

Hobbies/Interests

Volunteer activities, memberships and affiliations

Birthday, anniversary, etc., being celebrated during this trip?

Do you have any health/other needs that require accommodation?

☐ No ☐ Yes If yes, please explain:

Person to contact in case of an emergency (*include phone number and relationship to both passengers*)

Why did you sign up for this trip?

What are your expectations for this trip?

Do you have children? ☐ Yes ☐ No / ☐ If yes, JHU alumni?

Child's first/middle name	Last name	Age	Gender(M/F)
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Child's first/middle name	Last name	Age	Gender(M/F)
---------------------------	-----------	-----	-------------

Child's first/middle name	Last name	Age	Gender(M/F)
---------------------------	-----------	-----	-------------

Do you have grandchildren attending JHU? ☐ Yes ☐ No

If so, names: \_\_\_\_\_

Marital status: ☐ Single ☐ Married ☐ Companion

☐ Divorced ☐ Widowed

Spouse/Companion	Last Name	First/Middle/Maiden
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College/University of spouse/companion

Degree	Year	Division	Year
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Family members who attended Johns Hopkins (*other than spouse*):

Name	Relationship	Year
------	--------------	------

How would you rate the impact of your Hopkins education on your life and career?

☐ Invaluable ☐ Helpful ☐ Somewhat helpful ☐ No impact

Would you recommend Johns Hopkins to your or another precollege-age child? ☐ Yes ☐ No

Why or why not? \_\_\_\_\_

Hobbies/Interests

Volunteer activities, memberships and affiliations

Birthday, anniversary, etc., being celebrated during this trip?

Do you have any health/other needs that require accommodation?

☐ No ☐ Yes If yes, please explain:

# *Alumni Journeys* The Johns Hopkins University Alumni Journeys Travel Program

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Johns Hopkins University — Release

Trip/Date: \_\_\_\_\_

Each travel participant is required to read and sign the following agreement as a condition of participating in the travel program.

The undersigned have read the schedule of activities for the trip named above and accept any and all risks thereof. The undersigned recognize and agree that Johns Hopkins University has no control over the travel, the accommodations, or the dangers and risks associated with this travel program.

The undersigned recognize and acknowledge such travel can result in personal injury, accident, illness, death, loss of personal property, or other contingencies that may befall participants while being involved with the program, all matters over which Johns Hopkins University has no control. The undersigned agree to indemnify and hold harmless Johns Hopkins University and its officers, faculty, and staff from liability of any kind, including but not limited to delays, inconveniences, injuries, or death, or for the loss of or damage to their personal property, however occurring during this tour, or related to this tour.

This agreement is for the benefit of Johns Hopkins University only. Third parties, such as common carriers, hotels, and travel agents, are not released from liability for their acts by this agreement.

This agreement is covered by the laws of the state of Maryland without regard to the conflict of laws, provisions, and principles of Maryland law.

1. \_\_\_\_\_  
Traveler's signature Date

1. \_\_\_\_\_  
Traveler's printed name

Please indicate your choice of travel gift.      \_\_\_\_\_ Luggage Strap      \_\_\_\_\_ Luggage Tag      \_\_\_\_\_ None

2. \_\_\_\_\_  
Traveler's signature Date

2. \_\_\_\_\_  
Traveler's printed name

Please indicate your choice of travel gift.      \_\_\_\_\_ Luggage Strap      \_\_\_\_\_ Luggage Tag      \_\_\_\_\_ None

## **Photography Policy:**

*The Johns Hopkins University will photograph Alumni Journeys participants. Please be advised that JHU may use photos taken during the trip for JHU publications in print and online, fundraising materials and other non-commercial purposes. Please contact the Office of Alumni Relations in advance if you object to being photographed for these purposes. Call 800-548-5481 or email [travel@jhu.edu](mailto:travel@jhu.edu). Please sign if you agree to being photographed.*

1. \_\_\_\_\_  
Traveler's signature

2. \_\_\_\_\_  
Traveler's signature