| Castalia Baptist Church2180 Airways Blvd, Memphis, TN 38114 901-276-7295 (office) | **Application and Approval Form*****HBCU College Tour 2025**** + 1. **Or apply online at** [**bit.ly/CastaliaTour25**](https://bit.ly/CastaliaTour25)
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# Please complete and return or fax this application, **along** **with a copy of your latest report card**, to the College Tour director or Church Clerk **no later than Monday, October 6, 2025.**

Scheduled Dates of College Tour: **Sunday, October 12, 2025 thru Wednesday, October 15, 2025**

##### Identification

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Home Church, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Student’s Signature Parent’s/Guardian’s Signature

####  Signature indicates parent/guardian approval of this trip

##### Health and Medical Emergency Information

Does this student have any medical conditions, including allergies, of which we should be aware? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student taking any medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal health/accident insurance carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor and Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If above Parent/Guardian is not available in the event of an emergency, notify:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **In case of emergency,** I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by an adult chaperone to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Parent’s/Guardian’s Signature Signature indicates parent/guardian medical emergency authorization |
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*Copies of this form will be kept in the church office and in the vehicle(s) used as transportation for this tour.*

**Castalia College Tour *2025***

**Tentative Schedule\***

**Open to Students:** Grades 9-12 only; first-come, first-served basis

**Cost Per Student:** $240 for members of Castalia

$399 for non-members of Castalia

Balance due by **October 6, 2025** for all applicants

**Monday, October 6, 2025:**

**6:00PM** Required Orientation Meeting at Castalia Baptist Church

**Sunday, October 12, 2025 thru Wednesday, October 15, 2025:**

Tour includes:

Morgan State University Baltimore, MD

Howard University Washington, DC

Virginia Union University Richmond, VA

Hampton University Hampton, VA

Norfolk State University Norfolk, VA

North Carolina Central University Durham, NC

North Carolina A&T University Greensboro, NC

*Tour will leave from Castalia Baptist Church early on the morning of Sunday, October 12 and return late evening on Wednesday, October 15, with overnight stays in Baltimore, MD, Richmond, VA, and Durham, NC.*

*\*Schedule and schools are subject to change*

**For questions/information about this College Tour, please contact:**

Bro. Meka Egwuekwe

College Tour Director

Castalia Baptist Church

emeka2001@gmail.com

901-484-4203 (mobile)