Student Life
NORTHWEST FLORIDA STATE COLLEGE

REGISTRATION REIMBURSEMENT AGREEMENT

Group: _____ Departure date: _____ Departure Time: _____

Activity: _____ Return date: _____ Return Time: _____

Destination: _____

Registration $ Amount: _____

I understand NWFSC will be paying for my registration and/or entry fee in advance of this trip. Should I become unable to attend, I agree to notify my Travel Advisor as soon as possible. If a substitution can be made, my responsibility for the fee may be reduced or eliminated. In the event a replacement cannot be found, I agree to reimburse NWFSC the full cost of the registration that was paid on my behalf (except in the event of a documented medical or family emergency). Failure to reimburse NWFSC as agreed will result in my academic record being flagged, prohibiting registration, release of grades, etc. until the College has received full reimbursement.

Date	Student Name (Printed)	Student Signature	Witness Signature (NWFSC Employee)	Witness Name (Printed)