

# Individual Registration Form

## APPLETON BOYCHOIR - GREECE 2019

### PLEASE CHECK ONE

A PERFORMER

A NON-PERFORMER

Instruments Part (n/a if not performance) \_\_\_\_\_

NAME (as printed on passport) **LAST** \_\_\_\_\_

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (TSA requirement for issuing air tickets)

NAME \_\_\_\_\_ (as you would like on your nametag)

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

(the address at which you would like to receive financial statements and tour invoice)

### EMERGENCY CONTACT (while you are abroad)

Name \_\_\_\_\_ Phone \_\_\_\_\_

### ROOMING

I wish to room with \_\_\_\_\_

I would like a roommate but do not have one yet

I wish a single room for additional cost

### TRAVEL INSURANCE UPGRADES (see brochure for details) Please note these premiums may increase if you purchase additional services

Yes, I would like to purchase travel insurance upgrade option: **Option A**  **Option B**

No, I do not want to purchase travel insurance upgrades, but do understand the risks involved with travel and will assume full responsibility.

# Individual Registration Form *Continued*

**SPECIAL REQUESTS** – Not guaranteed but will be requested of suppliers.

1. Dietary Restrictions \_\_\_\_\_
2. Special Circumstance airline seating for medical reasons \_\_\_\_\_

## PASSPORT

- I have attached a copy of the main page of my passport (with my picture and my passport details)
- I do not have a current passport, will arrange to obtain one as soon as possible and will send a copy when received. I am aware that not providing Klconcerts with a copy of my valid passport no later than 120 days before departure may result in additional charges.

## PAYMENT: FIRST PAYMENT DUE AT TIME OF REGISTRATION (sent to Hilary Armstrong with check payable to Klconcerts)

- I am making a payment of \$ \_\_\_\_\_
- for:**
- First payment \$ \_\_\_\_\_
- Travel Insurance Upgrades \$ \_\_\_\_\_

## PAYMENT OPTIONS: From the second payment onward sent to Klconcerts)

### CHECK

- A check made payable to Klconcerts will be sent each date and for the amount specified in the payment schedule

### DIRECT DEBIT

- Please debit my account on each date and for the amount specified in the payment schedule
- Bank Routing Number \_\_\_\_\_
- Account Number \_\_\_\_\_
- Account Name \_\_\_\_\_

### CREDIT CARD

- I wish to pay by credit card, noting that the price discount does not apply to payment by this method. Klconcerts will send you an authorization form upon receipt of this application

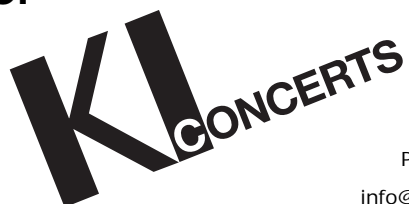
**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*(ALL applicants must sign reservation application; if applicant is under 18, Parent/Guardian must sign)*

First payment with reservation application and/or signature above constitutes acceptance of all terms & conditions attached in the tour brochure prepared by Klconcerts

## RETURN COMPLETED FORM TO:

**Hilary Armstrong**  
**Appleton Boychoir**  
111 West College Ave, 4th Floor  
Appleton, WI 54911-5781  
info@appletonboychoir.com  
920 955 2224



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