

Individual Registration Form

COUNCIL ROCK HIGH SCHOOL NORTH CHOIR - PORTUGAL AND SPAIN 2020

PLEASE CHECK APPROPRIATE BOX

A PERFORMER

A NON-PERFORMER

VOICE PART (n/a if not singing) _____

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 _____

TRAVEL INSURANCE UPGRADES (see brochure for details) ****Please note these premiums may increase if you purchase additional services. **Travelers residing in the state of New York are not able to purchase upgraded travel insurance Option Two (B)**

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.

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

1. Dietary Restrictions _____

2. Special Circumstance airline seating for medical reasons _____

Individual Registration Form *Continued*

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 KIconcerts 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 - make checks payable to Council Rock North Choir Parents Association (CRNCPA)

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

PAYMENT OPTIONS:

CHECK

- A check made payable to Council Rock North Choir Parents Association (CRNCPA) will be sent each date and for the amount specified in the payment schedule

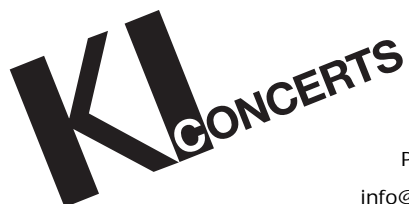
Signature: _____ Date _____

(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 KIconcerts

RETURN COMPLETED FORM TO:

Jared Williams
Council Rock High School North
62 Swamp Rd
Newtown, PA 18940
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215-944-1335



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