



# Individual Registration Form

## BARRINGTON CHILDREN'S CHOIR AUSTRIA 2020

PLEASE CHECK APPROPRIATE BOX

FULL PRICE WITH AIR

LAND ONLY

PERFORMER

A NON PERFORMER

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 \_\_\_\_\_ Relationship \_\_\_\_\_

ROOMING (2 per room)

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

I would like a roommate but do not have one yet

I wish a single room for additional cost (adults only)

T-SHIRT SIZE - Please check the appropriate box

Youth  S  M  L  XL

Adult  S  M  L  XL  2XL

TRAVEL PROTECTION 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 protection Option Two (B) \*\*OPTION B UPGRADE PREMIUM MUST BE PAID WITH FIRST PAYMENT

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

No, I do not want to purchase travel protection 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, but 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 Karen Moe with check payable to Klconcerts) \*\*OPTION B UPGRADE PREMIUM MUST BE PAID WITH FIRST PAYMENT**

I am making a payment of \$ \_\_\_\_\_

for:

First payment \$ \_\_\_\_\_

Travel Protection Upgrades \$ \_\_\_\_\_

**PAYMENT OPTIONS: send to Klconcerts from the second payment onward**

## 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,  
PASSPORT PHOTOCOPY AND CHECK TO:**

**Karen Moe**  
**BCC Tour Manager**  
426 Kelly Ln.  
Crystal Lake, IL 60012

singbcctours@gmail.com

**KI** CONCERTS

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