



COLORADO REPERTORY SINGERS - EUROPE 2019

PLEASE CHECK ONE

- A PERFORMER A NON-PERFORMER

VOICIS 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** _____

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 (send to Colorado Repertory Singers with check payable to Klconcerts)

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

PAYMENT OPTIONS: (From the second payments onward, send 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

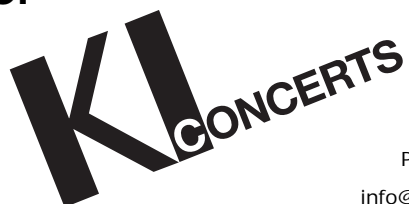
Signature: _____ **Date** _____

(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:

Colorado Repertory Singers
P.O. Box 791
Broomfield, CO 80038
720.924.2473
AD@coloradorepertorysingers.org



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