



Individual Registration Form

RANCOCAS VALLEY REGIONAL HIGH SCHOOL - EUROPE 2020

PLEASE CHECK APPROPRIATE BOX

PERFORMER A NON PERFORMER

VOICE PART (singers only) _____

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) **OPTION B UPGRADE INSURANCE PREMIUM MUST BE PAID WITH FIRST PAYMENT

- 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 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 Grant Mech with check payable to Klconcerts) **OPTION B UPGRADE INSURANCE PREMIUM MUST BE PAID WITH FIRST PAYMENT

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

Grant Mech
Rancocas Valley Regional High School
520 Jacksonville Rd
Mt. Holly, NJ 08060
gmech@rvrhs.com
609-267-0830

Kl CONCERTS

5245 Centennial Blvd, Suite 202
Colorado Springs, CO 80919-4405
P: 719 260-0200 F: 719 598-8674

info@Klconcerts.com | **Klconcerts.com**

