

Individual Registration Form

WT WOODSON HIGH SCHOOL

- UNITED KINGDOM 2021

PLEASE CHECK APPROPRIATE BOX

A PERFORMER A NON-PERFORMER

VOICE PART (performer 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 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 TRAVEL PROTECTION PREMIUM MUST BE PAID WITH FIRST PAYMENT

- Yes, I would like to purchase travel protection upgrades 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 _____

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

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 Amy Moir with check payable to Woodson Choral Boosters) **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

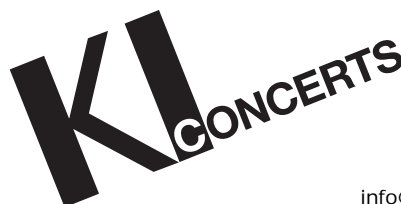
- A check made payable to Woodson Choral Boosters will be sent each date and for the amount specified in the payment schedule

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 Klconcerts

RETURN COMPLETED FORM TO:

Amy Moir
WT Woodson High School
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Fairfax, VA 22031
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703-503-4667



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