



Individual Registration Form

# FRESNO CHOIRS - SPAIN AND FRANCE 2017

I AM

A PERFORMER: \_\_\_\_\_

FAMILY OR FRIEND OF THE GROUP

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)

Yes, I would like to purchase travel insurance upgrade option 1  2

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 (Send to Tony Mowrer)

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

*A check made payable to KIconcerts for the initial payment*

## PAYMENT OPTIONS: FROM THE SECOND PAYMENT ONWARD - (send to KIconcerts)

### CHECK

- A check made payable to KIconcerts 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

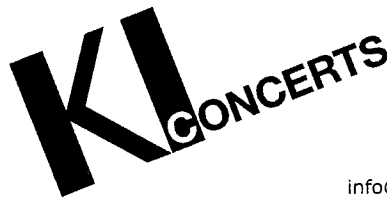
- I wish to pay by credit card, noting that the price discount does not apply to payment by this method. KIconcerts will send you an authorization form upon receipt of this application

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 KIconcerts

## RETURN COMPLETED FORM TO:

**Dr. Tony Mowrer**  
California State University, Fresno  
Department of Music  
2380 E. Keats Avenue M/S MB 77  
Fresno, CA 93740  
tmowrer@csufresno.edu  
559-278-4260



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