



Individual Registration Form

# PENINSULA MUSICAL ARTS ASSOCIATION - IRELAND 2020

PLEASE CHECK APPROPRIATE BOX

A 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)

- 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*

## 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 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 Mary Lynn Wilson with check payable to Peninsula Musical Arts Association)

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

## PAYMENT OPTIONS:

### CHECK

- A check made payable to Peninsula Musical Arts Association will be sent each date and for the amount specified in the payment schedule

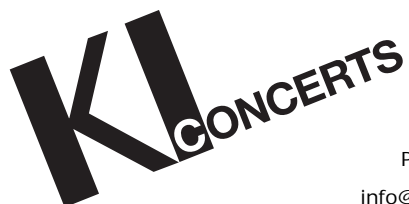
Signature: \_\_\_\_\_ Date \_\_\_\_\_

*(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 KIconcerts

## RETURN COMPLETED FORM TO:

Mary Lynn Wilson  
Peninsula Musical Arts Association  
969-G Edgewater Blvd, PMB 155  
Foster City, CA 94404  
marylynnwilson@sbcglobal.net  
650-268-8345



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