

## Santa Barbara Choral Society Concert Tour of Italy, 2016 Tour Participant Profile

### PERSONAL INFORMATION

Name \_\_\_\_\_

Male / Female (circle one)

**(LAST, first, middle) As it appears on your passport.**

*All subsequent corrections to your name may result in a \$150 change fee.*

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
(Note: Please write the name of the month instead of the month number)

City, State, Zip \_\_\_\_\_

Citizenship \_\_\_\_\_

Telephone (day) \_\_\_\_\_

Passport # \_\_\_\_\_

Telephone (eve.) \_\_\_\_\_

*Please note that some countries require your passport to be valid for several months AFTER your scheduled date of return.*

E-mail \_\_\_\_\_

Passport expiration date \_\_\_\_\_

Instrument/Voice part/Non-performer \_\_\_\_\_ Instrument (in case) weight \_\_\_\_\_ lbs. height \_\_\_\_\_ in. width \_\_\_\_\_ in. depth \_\_\_\_\_ in.

### SPECIAL REQUIREMENTS

1. Would you prefer a single room in the hotels (if available) at an extra cost of €804? **Yes No**
2. Do you want travel arrangements that differ in any way from those of the group? **Yes No Maybe**  
*Tour members making travel arrangements other than the group's will be required to complete an Individual Travel Request. This form will be made available once an airline has been chosen and the airfare guaranteed. Any deviation from the group's air itinerary will most likely incur charges beyond the regular tour cost. Tour members not making their air arrangements through ACFEA will be subject to a surcharge of \$(SURCHARGE) on the land price.*
3. Other (physical, medical, dietary, serious allergies, etc.) \_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT

In case of emergency, please contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone (day/eve) \_\_\_\_\_ / \_\_\_\_\_

#### NOTICE

ACFEA Tour Consultants acts as an agent for suppliers in selling travel and/or in arranging services that are not directly supplied by ACFEA. ACFEA shall not be responsible for breach of contract, errors or omissions on the part of suppliers. This agency will not be responsible for injuries, damages, or losses that result from criminal acts, terrorism, strikes, mechanical or construction failures, weather, local laws or health conditions, wars, acts of god and/or any abnormal situations outside of ACFEA's control. It is the traveler's responsibility to assume the risks of travel and for passport, vaccination, visa and entry requirements. Holders of passports other than that of the group's origin are responsible for complying with the entry requirements of the countries to be visited. Since withdrawing from a tour at any time may incur substantial penalties, ACFEA strongly recommends the purchase of trip cancellation insurance and will make such insurance available. It is also highly recommended that any instruments taken on tour be insured against loss or damage.

#### CONTRACT OF RELEASE AND ASSUMPTION OF RISK

As consideration of and as part of the payment for the right to participate in this tour I agree to hold ACFEA harmless and to release it from liability as well as its agents, employees, officers, directors and affiliated companies or subcontractors for any and all actions, debts, suits, claims, and demands of any kind in connection with my participation in this tour either now or in the future. All terms and conditions shall be governed by the laws of and in the state of Washington. This agreement serves as a release and assumption of risk for myself, my family and my heirs. I have read and understood this notice and contract.

I agree to limit my luggage to ONE normal-sized suitcase of maximum total linear dimensions (length + width + height) 62 inches and ONE carry-on bag of maximum total linear dimensions 36 inches. Many airlines limit the weight of carry-on bags to as little as 13 pounds (6 kilos) and checked bags to as little as 44 pounds (20 kilos). If I will be carrying on an instrument, this instrument will be my *only* carry-on.

I have been offered travel insurance by ACFEA. If I decline, I understand that I am responsible for arranging alternate insurance or for all financial consequences of being uninsured.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Participant (or parent/legal guardian if participant is under 18 years old)