Encore Tours Registration Form

Office Use Only

31021

Please use blue or black ink, print in CAPITAL LETTERS and fill in circles completely (ex: ●). Do not staple anything to this form.
Please return this form to: Encore Tours, 330 Congress Street, Suite 5, Boston, MA 02210

Program Selection

Group Leader's Last Name _____ Group # _____

Departure Date (MM/DD/YYY) __ / __ / ____

Please List Instrument or Voice Part _____

○ Performer
○ Non - Performer
○ Director

Personal Information

Last Name (Print all of your names exactly as they appear on your passport and/or birth certificate.)

First Name _____ Middle Name _____

Address

City _____ State ____ Zip _____

Mobile Telephone ___ - ___ - ____ Date of Birth MM/DD/YYYY __ / __ / ____ Sex: ○ M ○ F

Participant Email

Billing/Permissions Contact Info: Required for participants under 21 years of age.

Parent/Guardian First and Last Name _____ Mobile Telephone ___ - ___ - ____

Email

Emergency Contact Info: Required for all participants.

First and Last Name (of someone not traveling with you) _____ Relationship _____

Home Telephone ___ - ___ - ____ Mobile Telephone ___ - ___ - ____

Rooming and Additional Options: Please fill in all that apply.

(Both participants must pay a surcharge to guarantee a twin or double room)

○ I would like to pay for a rooming upgrade: ○ double ○ twin ○ single with: _____
○ I will book my own round-trip air transportation. (I will meet the group at the first hotel.)
○ I would like to extend my stay after the trip. (A form will be sent to you about alternate returns. Western Europe only.)
○ I would like Encore Tours to book me from a DIFFERENT U.S. departure city than that of my group: _____

Protection Plans: Please see page 3 or www.encoretours.com/resources/insurance.cfm for more information.

○ I select the Ultimate-Plus Protection Plan (with extra health and instrument protection, and full cancel-for-any-reason coverage).
○ I select the Ultimate Protection Plan (with extra health and instrument protection, and limited cancel-for-any-reason coverage). – Available on overseas tours only
○ I decline additional coverage at this time.

Payment: Please pay via check or money order made payable to Encore Tours.

Initial Payment: $200.

Amount Enclosed $ ____ . __

Select your preferred Payment Plan (See page 6 for full details):

○ **Automatic Payments** – Pay in monthly installments up to 45 days pre-departure, deducted from the attached checking account.
○ **Manual Payments** – Pay a deposit now, then follow your group's payment schedule. Final balance is typically due 90+ days prior to departure. Late fees may

Signatures

I have read the attached Encore Tours Terms and Conditions and the Encore Tours Release and agree to be bound thereby, **and agree to be responsible for all amounts owed Encore Tours**. I am in good physical and mental health and am able to travel without special medical supervision or special counseling.

Signature of Registrant _____ Date _____

All registrants under 21 years of age must have the following section completed: I am the parent/legal guardian of the above minor registrant. I have read the Encore Tours Terms and Conditions and the Encore Tours Release, and agree to be bound thereby, and agree to be responsible for all amounts owed Encore Tours by the minor and any other actions by the minor on the Encore Tours trip. I hereby consent to the above minor registrant's participation in all activities organized and/or provided by Encore Tours. I hereby assume all risks of loss and injury that may be incurred, directly or indirectly, as a result of any such participation and authorize Encore Tours to arrange for professional care/treatment in case of an emergency.

Signature of Parent or Guardian _____ Print Name _____ Date _____