

# DAVIS HIGH SCHOOL MAD TRAVELERS & ALUMNI

## TOUR PACKAGE OPTIONS

ITALY + WALES (full tour with air)    ITALY + WALES (land only)

ITALY ONLY (full tour with air)    ITALY ONLY (land only)

*(See deviation section of brochure for conditions)*

I AM A       MAD Travelers       Alumni

NAME (as printed on passport) \_\_\_\_\_

NAME (as you would like on your nametag) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT (while you are abroad)

Name \_\_\_\_\_ Phone \_\_\_\_\_

## ROOMING

I wish to room with \_\_\_\_\_

I wish a single room

## TRAVEL INSURANCE

Yes, I would like to purchase the travel insurance package at this time.

No, I do not want to purchase travel insurance, 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 \_\_\_\_\_

## PASSPORT

I have attached a copy of the inside cover and first page of my passport

*continued on page two*

# KI Individual Application Form *(continued)*

## PAYMENT: FIRST PAYMENT DUE AT TIME OF REGISTRATION

I am making a payment of \$ \_\_\_\_\_

**for:**

First payment \$ \_\_\_\_\_

Travel Insurance \$ \_\_\_\_\_

## PAYMENT METHODS

### Direct Debit

Please debit my account for the first and subsequent payments

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

### Credit Card

Please charge my credit card for the first and subsequent payments

Visa/Master Card# \_\_\_\_\_ Expires \_\_\_\_\_

Name on card \_\_\_\_\_

I authorize subsequent payments to be charged to my credit card on the due dates  
*(I am aware that a 2% additional non-refundable processing fee will be added for those using credit cards)*

### Check

A check for the above amount made payable to KIconcerts is attached

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

*(ALL applicants must sign reservation application; if applicant is under 18, Parent/Guardian must sign)*

Deposit with reservation application and/or signature above constitutes acceptance of all terms & conditions in this brochure

Return completed form to:



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Colorado Springs, CO 80920-3587  
P: 719 260-0200 F: 719 598-8674

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www.KIconcerts.com