

ALUMNI REGISTRATION FORM

UNIVERSITY OF SOUTH DAKOTA CHAMBER SINGERS PERFORMANCE TOUR OF ENGLAND & FRANCE

March 1 – 9, 2019

\$3,600 per person from Omaha,
based on double occupancy

For office use only



IT IS YOUR RESPONSIBILITY TO PROVIDE YOUR FULL LEGAL NAME AS IT APPEARS ON YOUR PASSPORT.

IF YOU DO NOT provide full legal name you risk incurring additional airline ticket name-change fees and risk being denied boarding at the time of departure. If you do not have a passport and are applying for one, provide your full legal name and select the option for passport renewal/application.

Passenger #1 PRINT CLEARLY

First name _____ Middle ☐ I do not have a middle name _____ Last _____ Preferred First Name _____
☐ Male ☐ Female Birthdate mm____/ dd____/ yyyy____ Citizenship: ☐ U.S. ☐ Other _____
Home _____ Work _____ Cell _____
E-mail _____ Known Traveler Number (if you have one) _____

Passport Status: ☐ Current ☐ I do not have a passport ☐ My passport has expired. I am renewing.

Passport Number _____ Expiration Date _____
(MM / DD / YY)

Dietary Needs:

☐ Vegan ☐ Low Sodium ☐ Vegetarian ☐ Diabetic ☐ Gluten free ☐ Other _____

Food allergies: _____

Mobility concerns: (walker, wheelchair, etc) _____

Medical _____

Passenger #2 PRINT CLEARLY

First name _____ Middle ☐ I do not have a middle name _____ Last _____ Preferred First Name _____
☐ Male ☐ Female Birthdate mm____/ dd____/ yyyy____ Citizenship: ☐ U.S. ☐ Other _____
Home _____ Work _____ Cell _____
E-mail _____ Known Traveler Number (if you have one) _____

Passport Status: ☐ Current ☐ I do not have a passport ☐ My passport has expired. I am renewing.

Passport Number _____ Expiration Date _____
(MM / DD / YY)

Dietary Needs:

☐ Vegan ☐ Low Sodium ☐ Vegetarian ☐ Diabetic ☐ Gluten free ☐ Other _____

Food allergies: _____

Mobility concerns: (walker, wheelchair, etc) _____

Medical _____

Mailing Address

Street Address _____

City _____ State _____ Zip _____

Emergency Contact

NOT TRAVELING WITH YOU _____ Phone (____) _____

Accommodations

- ☐ Double occupancy. Roommate's name: _____
- ☐ Roommate not yet known ☐ Assistance needed finding a roommate
- I understand that if a roommate is not available, I will be responsible for the cost of single occupancy.
- ☐ Single occupancy (+ \$590 per person = \$4,190)

Special Arrangements

Upon confirmation of your special arrangements, a nonrefundable service fee of \$75 per person will be added to your account along with any additional air or land costs that may apply.

Domestic Flight Connections from _____ to _____.

Special Air Arrangements: To spend additional time abroad, I/we would like to depart on _____ and return on _____.

To request special land arrangements (car rentals, hotels, rail, etc.), include a note and we'll contact you.

Signature

I/we have read, understand and accept the terms and conditions as outlined in the tour brochure. I/we acknowledge receipt of information about Witte's Travel Protection Plan as well as the Price Increase Rules.

1. _____ Date _____

2. _____ Date _____

Return this form and direct payment schedule inquires to:

USD Alumni Association
1110 N Dakota St
Vermillion, SD 57069
alumni@usdalumni.org
www.usdalumni.com/events

Please refer to the University of South Dakota
for the payment schedule.