

BOULDER CHORALE & KUTANDARA MARIMBA**SOUTH AFRICA PERFORMANCE TOUR**

July 31 – August 12, 2009

\$4,245 per person from Denver

APPLICATION FORM

For office use only

Return this completed form to **Julie Hale**, Boulder Chorale, 685 Inca Parkway, Boulder, CO 80303, along with your deposit in the amount of \$400 per person, made payable to **Witte Travel**. Please refer to the Terms and Conditions for the complete payment schedule. If you are signing up for the tour after further payments are due, include sufficient funds with your application to bring your account up to date. **Be sure to indicate if you wish to purchase or decline travel protection as outlined below.**

YES, I/we would be interested in the Optional Excursion Day.

___ (# of people) for Robben Island (\$30 pp) ___ (# of people) for Wineland Tour (\$32 pp)

NO; I/we do not wish to participate in either of the Optional Excursions

Print full legal name as it appears on your passport: Include title (Mr., Mrs., Ms., Miss, Dr., Rev., etc.) before each name.

1. Title _____ Last _____ First _____ Middle _____

Name (if other than legal first name) you wish printed on your name tag _____

Birthdate _____ Age _____

Citizenship: U.S. Other _____

Passport # _____ Exp. Date _____

2. Title _____ Last _____ First _____ Middle _____

Name (if other than legal first name) you wish printed on your name tag _____

Birthdate _____ Age _____

Citizenship: U.S. Other _____

Passport # _____ Exp. Date _____

NOTE: All mailings pertaining to this application will be sent to the address below

Street (no PO Box #) _____

City _____

State _____ Zip Code _____

Home telephone _____ / _____ Work telephone _____ / _____

Cell Phone _____ / _____ E-mail _____

May we contact you via e-mail about travel specials, tours and promotions? Yes No

I plan to have a roommate: Roommate not yet known

Roommate's name if not listed above: _____

I do not have a roommate and appreciate assistance in finding one. I understand that if a suitable roommate is not available, I will be responsible for the cost of single accommodations.

I prefer single occupancy

Smoke Do not smoke

➔ SEE REVERSE FOR FURTHER INFORMATION ➔

Alternate Departure/Special Arrangements

Domestic Flight Connections: I/we would like domestic connections from _____ to _____ and back.

Special Air Arrangements: I/We wish to spend additional time in South Africa. I/We wish to depart on _____ and return on _____.

If you need any special land arrangements in South Africa—car rentals, hotels, rail, etc., include a separate note detailing your plans and we'll offer our suggestions for your trip. **The fee for special arrangements is \$75.**

Special Meal Requirements: Requests for special meals cannot be guaranteed, but we will pass them on to the airlines and hotels and we will also inform your tour personnel.

Name _____ Vegetarian Diabetic Low Sodium Gluten free Other _____

Name _____ Vegetarian Diabetic Low Sodium Gluten free Other _____

Travel Protection Information

Witte Travel & Tours recommends that each traveler purchase a complete travel protection plan. For your convenience, we make available a travel protection plan offered by Trip Mate. This can be purchased at the time you register for the tour or at any time prior to making the final payment for your tour. See the Terms and Conditions for more information and an outline of the included benefits. The cost of this travel protection is as follows:

\$205* if purchased at the time you register for the tour

\$230* if purchased later

Indicate below if you wish to purchase or decline this travel protection. To purchase the travel protection, add the full cost of the travel protection to your deposit check. The cost of this travel protection is nonrefundable.

I/we wish to purchase the insurance and include payment in full for the insurance with my/our deposit check.

I/we wish to decline the travel protection.

**It may be necessary to increase the travel protection premium for those participants who purchase additional services and/or upgrade their arrangements.*

Signature

All information and signature lines below **must** be filled out in order for us to process this application.

I/We have read and understood this brochure and accept its contents.

Signature(s) of Participant(s)

1. _____ Date _____

2. _____ Date _____

Emergency contact _____

Emergency area code/Phone _____