



JANUARY 5-14, 2018

TRAVELER INFORMATION

Please provide name (as it appears on your passport), passport number, and date of birth for each member of your party.

_____	_____	_____
Name	Passport #	Date of birth
_____	_____	_____
Name	Passport #	Date of birth
_____	_____	_____
Name	Passport #	Date of birth
_____	_____	_____
Name	Passport #	Date of birth

Contact information for primary contact:

Address

City State Zip

Phone Email

ACCOMMODATIONS

Preferred room type (dependent on availability):

Single Double (one bed) Double (two beds)

PAYMENT INFORMATION

	Price	Number of Travelers	Total
London Theatre Tour	\$4,440		
Single supplement	\$1,350		

TOUR TOTAL \$ _____

Please enclose \$750/person deposit (or full payment) to reserve your spot.

My check for the full amount is enclosed or I have paid in full online

My deposit check is enclosed or I have paid the deposit online

Please charge my card for \$_____

Name Signature

Credit Card Number Expiration Date CVV



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Please read the following and sign below:

I have enclosed my non-refundable deposit of \$750 per person (or I have made my deposit online). I understand that the balance is due by September 1, 2017. I understand that all deposits and fees are nonrefundable.

I understand that travel insurance is highly recommended. The university does not endorse a specific brand or offering.

I understand that the cost of the event less the estimated fair market value of the goods and services received is a contribution to UCCS/THEATREWORKS and may be tax deductible. It is estimated that the contribution will be \$750 per person. This contribution is considered unrestricted and will be used to further the activities of THEATREWORKS, which include, but are not limited to, funding theatrical productions, administrative overhead, and donor appreciation functions (food, beverage, alcohol), etc. The University of Colorado is a not-for-profit organization (Tax ID #84-6000555).

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my activities, including my use of equipment and facilities provided by the University of Colorado.

The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity.

I hereby certify that I have read and understand the provisions above.

_____ Printed Name

_____ Signature

_____ Date

Return by mail to Drew Martorella, THEATREWORKS, 1420 Austin Bluffs Pkwy, Colorado Springs, CO 80918 or scan and email to dmartore@uccs.edu