



2024 INTERNATIONAL TOUR REGISTRATION FORM

Please submit one form per person.

June 5 – 12, 2024 Sicily/Italy

PERSONAL INFORMATION

Full Name:

Enter name exactly as it appears on passport

Address:

Street address

City

State

ZIP Code

Phone:

Email Address:

Email will be the primary means of communication. Providing an email address is **mandatory**.

Passport Number:

Exp Date:

Date of Birth:

Country Issuing Passport:

Voice Part:

i.e. S1, S2, A1, A2, T1, T2, B1, B2, or "non-singer"

Special Needs:

Describe dietary restrictions, disability, etc. Attach an additional sheet if necessary.

COST INCLUSIONS

LAND ONLY - \$4,330.00 per person

Single supplement: \$960.00 per person

Includes:

Accommodations: 10 hotel nights of sharing twin (2 beds and 2 people), double (1 bed and 2 people). Superior tourist class (3 & 4 star) hotels with private facilities.

Meals: Meals as noted in the tour itinerary. Daily breakfast.

Entrance fees: Palermo Palatine Chapel, Royal Palace, Palermo Duomo, Segesta Archaeological Park, Monreale Duomo, Taormina Greek Theatre, Pompeii Excavations, Rome Vatican Museum, St. Peter's Vatican Museum, St. Peter's Basilica, Rome Colosseum & Forum.

Tour Management: One full-time, multi-lingual Tour Manager on each motorcoach.

Gratuities: Tips to hotel personnel (including meals) are included. Tips to tour managers, licensed guides and motorcoach driver(s) are NOT included.

HOTEL

I already know with whom I will be rooming::

Enter name(s).

I plan to find my own roommate(s).

I would like to be connected with other possible roommates.

I prefer a single room. I will add the \$ 960.00 single subsidy to my first deposit.

PAYMENT PLANS

Installment plan for Land Only Package

- **\$200** deposit per person (non-refundable).....due: October 1, 2023
- **25%** per person, of total tour cost.....due: February 15, 2024
- **25%** per person, of total tour cost.....due: December 15, 2023
- **Final payment** (remaining balance).....due: April 25, 2024

TRAVEL INSURANCE

I am interested in learning more about travel insurance, contact: barnumtravel1445@gmail.com

I decline travel insurance for this trip.

FIRST PAYMENT TYPE

Check attached to this form, made out to Bel Canto Chorus.

Credit Card* (select one):

VISA

MASTERCARD

AMEX

DISCOVER

Card number: _____ Exp. Date: _____

Signature: _____

**A 3% order charge will be added to all credit card payments.*

AIR CHOICES

I am interested in booking the tour's group air

I will be booking my own air reservations

PAYMENT SUMMARY

\$	First payment amount
\$	Add \$200 if you have not paid the initial \$200 deposit
\$	Add additional amount, if you wish to pay in advance of the installment plan
\$	Add \$960.00, if you would like a single room
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\$	SUBTOTAL of the above lines
\$	3% Credit Card Fee
\$	GRAND TOTAL due
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CHECKLIST AND SIGNATURE

I have enclosed the following:

- Completed registration form.
- Payment as calculated above.
- Copy of my valid, unexpired passport photo page.

I have read and understand the costs, payment plan options, cancellation policy, and all other information listed in the Registration Form. I understand that I will not be registered for the tour until I enclose the required documentation and payment, and that may be subject to a \$20 late fee if all required enclosures are not received by

Signature

Date

My typed signature above is my authorized signature. *(Check if typing instead of signing)*

I authorize Bel Canto to share my phone number and email address with other travelers.

Please mail or email the required documents to:

**Bel Canto Chorus
International Tour 2024**

**Email: travel@belcanto.org
1445 W. Heather Lane
River Hills, WI 53217**