

<p>OLE MISS CONCERT SINGERS ALUMNI TOUR OF FRANCE MAY 25 – JUNE 5, 2006 \$2,469 from Memphis (singer) \$2,689 from Memphis (touring friends) APPLICATION FORM</p>	<p>For office use only</p>
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Return this completed form to **Witte Travel & Tours**, 3250 28th Street, SE, Grand Rapids, MI 49512, along with your deposit in the amount of \$300 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.**

I/We would like to depart from and return to City _____ Zone _____
Please refer to the attached zone pricing list

Important Note! Will you be bringing an instrument or any other equipment, props, or costumes that will be packed in a case separate from your suitcase on the flights and on tour? Yes No
If yes, please complete the Instrument/Special Equipment section on the reverse side of this form.

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

1. _____ Singer Touring Friend
 (Title) (Last) (First) (Middle)

Name you wish printed on your name tag _____

Birthdate _____ Age _____

Citizenship: U.S. Other _____

Passport # _____ Exp. Date _____

2. _____ Singer Touring Friend
 (Title) (Last) (First) (Middle)

Name you wish printed on your name tag _____

Birthdate _____ Age _____

Citizenship: U.S. Other _____

Passport # _____ Exp. Date _____

Address _____

City _____

State _____ Zip Code _____

Home telephone _____ / _____

Work telephone _____ / _____

E-mail _____

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

Roommate's name if not listed above: _____

I do not have a roommate and appreciate assistance in finding one. I understand that if one 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 ➔

Credit Card Information

Witte Travel is authorized to charge the deposit and all payments on account, per the schedule as noted, to the following credit card, **OR**

Witte Travel is authorized to charge only the initial deposit. All further payments will be made by check. 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 a check to cover these payments with your application.

Visa MasterCard Discover American Express

Credit card number _____

Expiration date _____

Name as it appears on card _____

Cardholder's signature _____

Alternate Departure/Special Arrangements

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

If you need any special land arrangements in Europe—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 \$50.**

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 travel protection 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:

\$130 if purchased at the time you register for the tour

\$155 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 or authorize Witte Travel to charge the cost of the travel protection to your credit card along with your deposit. The cost of this travel protection is nonrefundable.

I/we wish to purchase the insurance and (check one):

___ Include payment in full for the insurance with my/our deposit check.

___ Authorize Witte Travel to charge the full cost of the travel protection to the credit card noted under *Credit Card Information* along with the deposit.

I/we wish to decline the travel protection.

Instrument/Special Equipment

Complete this section if you will be bringing an instrument or any other equipment, props, or costumes that will be packed in a case separate from your suitcase on the flights and on tour.

Type of Instrument or equipment _____

Weight of instrument or equipment in its case _____

Measurements of case in inches: Height _____ + Width _____ + Depth _____ = Total _____

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. _____

2. _____

Emergency contact _____

Emergency area code/Phone _____