



Valentine Singers Tour

Krakow

Sunday 25th May to Thursday 29th May (5 days, 4 nights)

INFORMATION-BOOKING FORM

Valentine Singers are undertaking a concert tour to Krakow, in May 2008. We hope to give two or three performances and to have time for relaxing and sight-seeing in this beautiful city. All members, families and friends are welcome but priority will be given to singers giving the right balance to the choir. Your form, plus deposit cheque, should be handed or posted to:

Barbara Nunn 21 Newnham Close Loughton Essex IG10 4JG

PRICE: £310 per person for bed in twin/double room
£355 per person for single occupancy
£275 per person for bed in triple room

INCLUDED IN THE PRICE:-

- * Return travel between London Gatwick (North) and Krakow including the flight and transfers between Krakow Airport and hotel
- * 4 nights B&B accommodation at the Hotel Logos (located in the City Centre - for details go to: <http://www.hotel-logos.pl>)
- * Organisation and publicity for performances

ITEMS NOT INCLUDED in the tour price are:

- * Travel insurance
- * Meals other than breakfast
- * Transport to and from Gatwick North and parking at airport (the option of transport to and from Gearies may be available nearer the time - cost to be advised)

INSURANCE

Tour members are responsible for their own travel insurance for this tour. You are strongly advised to take out insurance from the time of booking so that all your deposits are covered should you be forced to withdraw from the tour. You are also reminded to ensure that you have a valid passport and European Health Insurance Card (EHIC) that you should bring with you on tour. This card has replaced the old E111 form.

CANCELLATION

If, at any point after making the initial booking, a member withdraws for any reason they are **liable to pay the whole fee** unless an acceptable substitute (eg same voice part) can be found. NB a substitution may be made only in consultation with the tour organisers. If insurance can be invoked, this should, of course, be used to cover the costs due to Valentine Singers.

PAYMENTS

ALL CHEQUES SHOULD BE MADE PAYABLE TO **Valentine Singers Trip Account**
CASH IS ALSO ACCEPTABLE

Deposits are required for **each** person as follows:

- ◆ £50 per person non-returnable deposit with this form on booking
- ◆ the balance by Friday 29th February 2008

A staggered payment scheme is available by arrangement.

EXCHANGE RATE

Prices have been based on an exchange rate of 5.2 zloty per £. Should a major fluctuation occur, an adjustment in the tour price could be necessary – either way, of course!

SECTION A: MAIN APPLICANT (MUST BE 18 or over)

NB Please list all names as they appear on your passport

FIRST NAME(S) SURNAME..... TITLE.....
VOICE S/A/T/B/non-singer (please delete) PHONE NO. DAY..... EVENING
MOBILE EMAIL
ADDRESS
DATE OF BIRTH GP's NAME AND PHONE NUMBER
NEXT OF KIN: (not travelling on tour!) NAME
PHONE NUMBER: DAY..... EVENING.....
RELATIONSHIP OF NEXT OF KIN TO APPLICANT

I CONFIRM THAT I HAVE A VALID PASSPORT DATED UNTIL AT LEAST END NOVEMBER 2008 YES/NO
(Please check the renewal date on your passport before signing.)

SECTION B: ADDITIONAL APPLICANTS

If there are no additional applicants please ignore section B and continue to section C

Please indicate here the number, if any, of other persons to be included in this application.

PLEASE GIVE ALL DETAILS FOR ADDITIONAL APPLICANTS BELOW. *Please ask for an extra form if applying for more than two additional applicants.*

FIRST ADDITIONAL APPLICANT NB Please list all names as they appear on person's passport

FIRST NAME(S) SURNAME..... TITLE.....
VOICE S/A/T/B/non-singer (please delete) PHONE NO. DAY..... EVENING
MOBILE EMAIL
ADDRESS
DATE OF BIRTH GP's NAME AND PHONE NUMBER
NEXT OF KIN: (not travelling on tour!) NAME
PHONE NUMBER: DAY..... EVENING.....
RELATIONSHIP OF NEXT OF KIN TO APPLICANT

N.B. ALL PARTICIPANTS MUST HAVE A PASSPORT VALID UNTIL AT LEAST END OF NOVEMBER 2008

SECOND ADDITIONAL APPLICANT NB Please list all names as they appear on person's passport

FIRST NAME(S) SURNAME..... TITLE.....
VOICE S/A/T/B/non-singer (please delete) PHONE NO. DAY..... EVENING
MOBILE EMAIL
ADDRESS
DATE OF BIRTH GP's NAME AND PHONE NUMBER
NEXT OF KIN: (not travelling on tour!) NAME
PHONE NUMBER: DAY..... EVENING.....
RELATIONSHIP OF NEXT OF KIN TO APPLICANT

N.B. ALL PARTICIPANTS MUST HAVE A PASSPORT VALID UNTIL AT LEAST END OF NOVEMBER 2008

SECTION C: ACCOMMODATION AND SPECIAL REQUIREMENTS

ACCOMMODATION REQUIREMENTS

Please note, it may not be possible to meet all requests made for single rooms as there may be a limited number available.

TWIN/DOUBLE/TRIPLE ROOM (delete as required) sharing with.....

SINGLE ROOM

NB Where a place in a shared room is requested this can only be guaranteed where name(s) of the other sharer(s) are given. The applicant will be liable to pay a single supplement if a suitable sharer cannot be found.

SPECIAL REQUIREMENTS:

MOBILITY Does anyone listed have any special mobility needs? YES/NO

Please give details

ALLERGIES Please state any allergies that you wish the group leaders to be aware of

.....

OTHER If anyone listed has any other special needs that you wish to be borne in mind please give details

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All information will be treated in confidence by the organising group

PLEASE COMPLETE THE TABLE BELOW FOR ALL APPLICANTS LISTED ON THIS FORM

CATEGORY	NUMBER	COST	TOTAL (no. x cost)
Twin/Double room per person		£310	
Single room per person		£355	
Triple room per person		£275	
		Grand Total:	

PAYMENTS: I understand that I am responsible for payments, for EACH person as follows:

- ◆ £50 per person non-returnable deposit with this form on booking
- ◆ the balance by Friday 29th February 2008

Please make your deposit cheque, and all subsequent payments, payable to Valentine Singers Trip Account

DECLARATION BY MAIN APPLICANT

I understand that details of the tour, such as the number of concerts, venues and travel times, are subject to confirmation;

I understand that I am responsible for the total payment for all persons detailed on this form;

I undertake to ensure that appropriate travel insurance is secured for all persons detailed on this form;

I have read and understood all conditions on all 3 pages of the information-booking form and agree to abide by these conditions.

SIGNATURE NAME DATE