

Chester Theatre Company's 2023 Dublin Tour
October 7th-15th

Contact Information

Mr./Ms./Miss/Mrs. _____

Address: _____

Email Address: _____

Cell Phone (number to be reached while traveling): _____

Roommate (if traveling with a friend): _____

Accommodations and Payment Information

- \$3975 Full Package**- land and air balance per person (traveling with the group flying out of Logan)*
- Do you plan on parking (Location TBD) with the group? Y N
- If Yes, please list your car make / model and license plate: _____
Please note if you are carpooling with other travelers: _____

- \$3125 Land-Only Package**- land balance per person (arranging your own flight / transportation)*
 Additional hotel nights. Please list dates pre or post trip that you would like your hotel accommodations and we will check availability and confirm. Price TBD. _____

Hotel Room

- One bed Two beds

Additional Amenities

- \$1095 single supplement for single hotel occupancy
Room upgrades, price, and details TBD

Seating Considerations (Theatre or Transportation)— Please list below:

- Seating request based on mobility _____
 Theatre seating request based on visual or hearing need _____
 Other considerations _____

A non-refundable deposit of \$500 per person is required to reserve a spot. Balance is due on 9/4/23. Your tour fee includes a \$500 tax-deductible donation.

TOTAL ENCLOSED: \$ _____

- Check or money order payable to Chester Theatre Company
 Visa, Mastercard, or Discover

Card number _____ Expiration _____ CVC (code on back) _____

**CTC reserves the right to pass along to patrons cost increases that are beyond the control of CTC, including airport taxes, fuel surcharges, US Departure and fluctuations in currency of more than 3%.*

Refund Policy

All payments are final and there are no refunds. Proof of travel insurance is required.

I have read and agree to the refund policy stated above.

Signature: _____ Date: _____

Chester Theatre Company's 2023 Dublin Tour
October 7th-15th

Emergency Contact Information

Person to contact in the event of an accident or medical emergency:

Name: _____ Relationship: _____

Address: _____

Phone number(s): Home: _____ Cell: _____ Work: _____

Health Questionnaire

Do you have any **MEDICAL CONDITION**(s) – such as allergies, heart disease, emphysema, diabetes, seizures, depression, injuries, recent surgery, etc. – that would be important to know about in case of an emergency? No Yes — please specify condition(s): _____

Do you have any **RESTRICTIONS** -- such as impaired vision, hearing, breathing, mobility, etc? No Yes — please specify restrictions: _____

Do the medical conditions and/or restrictions noted require special arrangements, equipment, or assistance for you to participate in an active schedule as described in the Preliminary Itinerary for the program in which you are enrolled? No Yes — please specify: _____

Do you have any food allergies? No Yes — please specify: _____

Do you require any prescription medications on a regular basis in order to function effectively? No Yes—please list the name(s) of and reason(s) for taking said medication(s) or write "NONE": _____

Health Insurance

Do you have private medical / accident / illness insurance coverage? No Yes

Name(s) of Insurance Company(s): _____

Policy Number(s): _____

Primary Care Physician: _____ Tel. (_____) _____ - _____

I authorize CTC to provide this information to medical professionals in case of an emergency.

Signature: _____ **Date:** _____

PLEASE COMPLETE ONE COPY OF THIS PAGE FOR EACH PARTICIPANT

Chester Theatre Company's 2023 Dublin Tour
October 7th-15th
Passport Information

Name (as it appears on your Passport): _____

Passport No: _____ Nationality: _____ State: _____

Date of Birth: ____ / ____ / ____ Date Issued: ____ / ____ / ____ Expiration Date: ____ / ____ / ____

PLEASE ATTACH A COPY OF PASSPORT PHOTO PAGE
Immunization against Covid-19 is required to travel.
PLEASE ATTACH A COPY OF PROOF OF IMMUNIZATION.

**CHESTER THEATRE COMPANY STRONGLY URGES YOU TO OBTAIN TRAVEL
INSURANCE TO GUARD AGAINST FINANCIAL LOSS IN CASE OF A RANGE OF
POSSIBILITIES INCLUDING ILLNESS OR CANCELLATION.**

- I have obtained travel insurance
- I have chosen not to obtain travel insurance, and I understand that I am individually assuming the financial risk of possible illness, cancellation, etc.

Agreement and Release Form

Chester Theatre Company makes every effort to protect the welfare and safety of the participants in its programs. However, Chester Theatre Company, Inc. will not accept responsibility for: damage to, or loss of, property; or personal illness, injury or death while a participant is on the program. Therefore, we ask all participants to sign the following waiver:

I hereby release Chester Theatre Company, Inc., its officers, agents, and/or its employees from any and all claims and causes of action deriving from: damage to, or for loss, of property; or personal illness, injury, or death arising out of any travel or activity conducted by or under the control of Chester Theatre Company.

Name (please print): _____

Signature: _____ Date: _____

Photo Release Form

I, _____, grant to Chester Theatre Company the right to take/use photographs of my participation in this event. I authorize CTC to use and publish the same in print and/or electronically. I agree that CTC may use such photographs of me with or without name and for any lawful purpose, including for example such purposes as publicity, fundraising, advertising, and web content.

Signature: _____ Date: _____

PLEASE COMPLETE ONE COPY OF THIS PAGE FOR EACH PARTICIPANT

Please mail completed forms and attachments to
Chester Theatre Company
PO Box 722, Chester MA 01011