

**Chester Theatre Company's 2025 London Tour**  
**March 15-23**

**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**

**\$5975 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: \_\_\_\_\_

**\$5175 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**

\$1790 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 11/10/24. *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. We recommend acquiring travel insurance.**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 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**

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## 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.

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**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

Tara Franklin (CTC)  
53 Hamel Ave.  
Williamstown, MA 01267