Chester Theatre Company's 2027 London Tour
March 13-21, 2027

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

□ **$6809 Full Package**- land and air balance per person (traveling with the group flying out of Logan)*
- Do you plan on travelling from Western MA (Location TBD) to Logan with the group? Y N

□ $6109 Land-Only P**ackage**- 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
□ $1900 single supplement for single hotel occupancy

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. Deposit is due on 11/30/26. The balance will be due on 1/30/27. 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) _____

Signature_____

**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%.*

All payments are final and there are no refunds.

Emergency Contact Information

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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 **RESTRICTION**(s) -- such as impaired vision, hearing, breathing, mobility, etc?
□ No □Yes — please specify restriction(s):_____
_____

Do the medical condition(s) and/or restriction(s) 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:_____
_____

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

Passport Information

Name (as it appears on your Passport):_____

Passport No: _____ Nationality: _____ State: _____

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

PLEASE ATTACH A COPY OF PASSPORT PHOTO PAGE

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
Or email to hannah@chestertheatre.org