



***NEW YORK THEATRE TOUR 2019  
 Registration Form***

Name: \_\_\_\_\_  
 (Exact name that appears on the ID you will be presenting to board the airline)

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Work Phone (if desired): \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email Address (required): \_\_\_\_\_

(All tour information will be communicated via email.)

ADDRESS:

\_\_\_\_\_ STREET CITY/STATE ZIP

**Medical Information and/or Restrictions:**

Do you have any medical conditions(s) such as allergies, injuries, recent surgery, seizures or other conditions that would be important to know in case of an emergency? If yes, list below.

\_\_\_\_\_  
 \_\_\_\_\_

Do you have any impairments or restrictions such mobility, hearing, vision, etc.? That may help us arrange for special rooming and/or requirements, equipment, or assistance for you to participate in the program? If yes, please list.

\_\_\_\_\_  
 \_\_\_\_\_

**YOUR EMERGENCY CONTACT**

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

**ROOMING INFORMATION:**

All rooms are double occupancy. You may request a single room at an additional cost to you.

PLEASE INDICATE YOUR PREFERENCE:

\_\_\_\_ Double Room: Roommate \_\_\_\_\_  
 \_\_\_\_ Double: Request UW to assign me a roommate\* (\*if no roommate is available to assign, additional hotel fees will be assessed.)  
 \_\_\_\_ Single: (additional cost – see “Travel Agreement, page 3)



**Media Release:** The UW-Marshfield/Wood County campus, in an effort to create and sustain community awareness, publishes brochures, flyers, programs, and advertisements or community interest stories with the local media, included (but not limited to) print, TV, radio, website, etc.

I permit you to allow myself to be photographed during participation in UW-Marshfield/Wood County program or courses. I realize this may include the release of my name and/or city of residence in various media.

YES \_\_\_\_\_ NO \_\_\_\_\_

**TO COMPLETE YOUR REGISTRATION FOR THE TRIP, PLEASE READ AND SIGN THE AGREEMENT BELOW:**

**NEW YORK THEATRE TOUR 2019 TRAVEL AGREEMENT**

**(1) Payment Schedule:**

	<u>Date due</u>	<u>Double</u>	<u>Single</u>	<u>On-Your-Own travel</u>
1 <sup>st</sup> Installment*	Upon Registration	\$900.00*	\$1,000.00*	\$800.00*
2 <sup>nd</sup> Installment	11-16-18	\$949.00	\$1,274.00	\$849.00
Final Payment	01-04-19	\$949.00	\$1,274.00	\$849.00
<b>Total Amount Due:</b>		<b>\$2,798.00</b>	<b>\$3,548.00</b>	<b>\$2,498.00</b>

\*1<sup>st</sup> Installment includes a \$100 non-refundable deposit. **NO REFUND AFTER 1-4-19.**

(2) If I should have to cancel, the UW Office of Continuing Education will provide me with information about people on the trip's waiting list. It will be my responsibility to make arrangements for reselling the trip package to someone else. The ability to transfer airline tickets may be unavailable after a certain date to be determined by the airline and/or the airline may charge a "transfer fee".

(3) By accepting tour membership, I agree that the University of Wisconsin-Extension and the University of Wisconsin-Marshfield/Wood County or its agents or employees shall not be held liable for loss, damage, injury or inconveniences caused by, or resulting from malfunction of transportation equipment, strikes, acts of declared or undeclared war or insurrection: fire, delay, theft, injury, itinerary and/or schedule changes. The trip organizers reserve the right to alter, substitute or omit, enroute, any part of that action to be necessary and/or prudent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
*Signature of Participant*