

REGISTRATION FORM

MUSICAL DIRECTOR PREVIEW TOUR JANUARY 2018

DETAILS OF APPLICANT										
Name of Organisation or School:										
Name of	Name :									
Applicant:	Position:									
Address :										
Suburb :				State :				P/Code :		
Tel:			1	Fax:						
Email:										
Mobile:										
PASSPORT DETAILS * Validity of 6 months from date of return to Australia required ** Please attach a photocopy of passport unless already supplied										
Passport No.				Date of Birth:						
Country if not Australia:						Re-Entry Visa No. to Australia (if req)				
Country of B	irth:									
Nationality:			(As shown on pa			ssport) Expiry Date:		te:		
NEXT OF KIN										
Emergency contact (name / number)										
PLEASE NOMINATE YOUR PREFERRED ITINERARY The tour will start with all participants travelling to Vienna and Budapest, and then there is the choice of										
either Italy, or Belgium and France. Please see attached itineraries for details and select preferred option below:										
OPTION A – Italy				OPTION B – Belgium and France (Western Front and Paris)						
					_					

OTHER			
Special meal request / dietary requirements for flights & touring:			
Seat Preference:			
Frequent Flyer number (either Qantas or Emirates):			
Trequentityer number termer dantas or Emmatesy.			
Preferred Australian Capital City for Departure:			

The next section relates to the tour group you plan to take to Europe in 2019 or 2020

LIKELY COMPOSITION OF TRAVELLING ENSEMBLE (eg: Concert Band, Orchestra, Choir, etc)				
LIKELY NUMBER OF PARTICIPANTS (your best estimate at this point)				

I wish to nominate for the above named tour and agree to accept the Tour Conditions applicable to this tour.

SIGNED...... (Applicant)

SIGNED...... (Authorising person from School or Organisation)

- Eligible participants are limited to one per school/organisation, and must be the Music Director, Head of Performing Arts, Principal, or the nominee of one of these people.
- They should be from a school/organisation that has not previously travelled on an Angas Travel school tour
- Payment of \$2500 must accompany this nomination and be sent to Angas Travel on or before 31 July 2017. Payment is non-refundable, but will be applied toward the group tour cost when the school/organisation books a music tour to Europe with Angas Travel for at least 30 students in 2019 or 2020, provided booked on or before 30 June 2018.
- Applicants will be accepted on a first come, first served basis. Maximum number of participants: 20.

If paying by <u>Direct Deposit</u> the account details are:

Angas Travel Pty Ltd, Trust Account

Westpac Banking Corporation Hutt St, Adelaide Branch

BSB: 035-010 A/C: 19-7396

Please reference payment as follows: Surname and 'Preview Tour'. If using this method please advise Victoria via email <u>victoria@angastravel.com.au</u>

<u>Cheques</u> should be made payable to Angas Travel Pty Ltd and posted to Angas Travel.

Attn: Victoria Ashdown

Angas Travel PO Box 7457

Hutt Street, Adelaide SA 5000

Credit card payments:

Please complete the attached authorisation form and return to victoria@angastravel.com.au. Please note that credit card payments will incur a merchant fee.

Visa, Mastercard 1.5% American Express Card 3.2 %



CREDIT CARD AUTHORISATION FORM

Please complete this form and return to Angas Travel.

The following surcharges apply for payments by credit card.							
Visa, MasterCard American Express Card	3.2%						
NAME:							
GROUP:							
I AUTHORISE Angas Trave SHOWN ON THIS FORM T	I TO CHARGE THE TRAVEL ARRANGEMENTS O MY CREDIT CARD						
CREDIT CARD TYPE:							
CREDIT CARD NO :							
EXPIRY DATE:	_						
CREDIT CARD HOLDER N	IAME:						
CREDIT CARD SECURITY	NO:						
ADDRESS TO WHICH CREDIT CARD STATEMENTS ARE SENT:							
CREDIT CARD HOLDER S	IGNATURE:						
AMOUNT: \$							
DATE:							

Please fax this form to Victoria Ashdown Fax: 08 8131 2684 OR scan and email Victoria on victoria@angastravel.com.au







Postal: PO Box 7457, Hutt Street, South Australia 5000 10/154 Fullarton Road, Rose Park, SA 5067 t: (08) 8131 2642 toll free: 1800 671 331

e: victoria@angastravel.com.au w: www.angastravel.com.au

abn: 22 147568116 licence no: TTA238641