



HOTEL-ONLY/AIR FLIGHT REGISTRATION FORM

FAX TO: (617) 298-7349

E-MAIL TO: PROCESS@KIQTOURS.COM

Group Leader: KIQ Tours

TRIP NAME: **ESSENCE MUSIC FESTIVAL**

CONFIRMATION # _____ (IF APPLICABLE)

Traveler Name:

NAME _____ TEL #: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

COMPLIMENTARY/PACKAGE TICKET OPTION SELECTIONS:

IMPORTANT NOTICE: Please note that if you choose NOT to select or leave blank that you will not be issued a ticket and will have waived your rights to participate in the Comp/Package Ticket Program as some guests do. So make sure your selection has been made prior to submitting your form.

(Mark the box and write the number of tickets next to your selected ticket if different multiple selections are required)

Concert _____ VIP "Open Bar/Food" Cruise _____ All White Cruise _____ Not Participating _____

HOTEL AND FLIGHT REGISTRATION: 3 Night Air 4 Night Air 3 Night Hotel-Only 4 Night Hotel-Only

NUMBER OF GUEST IN ROOM INCLUDING YOURSELF: **(CHECK ONE)** 1 Single 2 Double 3 Triple 4 Quadruple

First and last name as on identification required. Air Package guests ONLY need to complete Air City, DOB, Sex and Citizenship.

Your Name _____ T-Shirt Size _____ Air City _____ DOB _____ Sex _____ Citizenship _____

Roommate #1 Name _____ T-Shirt Size _____ Air City _____ DOB _____ Sex _____ Citizenship _____

Roommate #2 Name _____ T-Shirt Size _____ Air City _____ DOB _____ Sex _____ Citizenship _____

Roommate #3 Name _____ T-Shirt Size _____ Air City _____ DOB _____ Sex _____ Citizenship _____

SPECIAL REQUEST: _____

PAYMENT OPTIONS:

Cash App Payment:

VENMO – Username: KIQTOURS Phone #: 617-803-9054 Email: PROCESS@KIQTOURS.COM

CASH APP – Username: \$KIQTOURS Phone #: 617-803-9054 Email: PROCESS@KIQTOURS.COM

Payment For:

Yourself _____ AMT \$ _____

Roommate #1 _____ AMT \$ _____

Roommate #2 _____ AMT \$ _____

Roommate #3 _____ AMT \$ _____

Total Amount To Charge AMT \$ _____

SIGNATURE.

DATE

(I hereby authorize KIQ Travel Services D/B/A KIQ Tours and/or Camival Cruise Lines to charge or debit my account in the above amount for travel. Furthermore in the event that I cancel my travel arrangements after the cancellation date prescribe by the terms and conditions of this tour. I authorize the above mentioned companies to hold my account liable for the charges due as a cancellation fee and authorize them to refund only the portion due back to me if applicable.)

(FOR OFFICE USE ONLY)

AUTHORIZATION No. _____ **ORDER TAKEN BY:** _____