



CHOIR APPLICATION FORM

BARCELONA: July 17-27, 2017

Please have one representative register interest for the entire choir with this form.

Name of Choir/Ensemble: _____

Title (please circle):

Mr. Ms. Mrs. Dr. Reverend General

First Name: _____

Last Name: _____

Primary email address: _____

Secondary email address: _____

Home phone number: (_____) _____ - _____

Mobile phone number: (_____) _____ - _____

Mailing Address

Street: _____

City: _____

State/Province: _____

Zip/Post Code: _____

Country: _____

How many people shall we invoice you for?

Performers: _____

Please indicate the SATB Breakdown:

S1: _____ S2: _____ A1: _____ A2: _____ T1: _____ T2: _____ B1: _____ B2: _____

Non-Performers: _____

There must be an even balance between female and male performers (soprano/alto to tenor/bass) in order to confirm participation by your choir members.

Please list ALL participating members of the choir on PAGE 3.

Do you want information on group air rates out of major international airports other than New York (JFK)? If so, please list the airports you would like information on. Otherwise, leave blank:

Has the choir traveled with the Jonathan Griffith Singers before? If so, when and where?

Have members of your choir performed with DCINY before? If so, when and which concerts?

Who shall we invoice for your payments (please circle)?

Self

Another Person or Group Name

If another person or group name, please provide the following information for the alternate contact who will be charged for the payments. Otherwise, leave blank:

Full Name: _____ **Group Name:** _____

Email Address: _____

Is there anything else you would like to share?

I attest that all information provided is true and accurate and that I understand the terms and regulations of my participation as outlined on supporting materials. I understand the non-refundable policy and the requirement for a balanced SATB registration.

Signature

Date

Any questions regarding payment please contact DeAnna Choi at: Accounting@DCINY.org or (212) 707-8566 Ext. 306.

Any questions regarding trip information please contact Diane Marshall at: Diane@DCINY.org.

For full payment policies and terms please refer to the trip information details that were sent with your invitation.



PAYMENT FORM

BARCELONA: July 17-27, 2017

Please print and complete this form and return via mail, e-mail or fax.

MAIN CONTACT Full Name: _____ Date: _____

GROUP Name (If Applicable): _____

MAIN Telephone Number: (____) - _____

Email Address (required): _____

Street Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

HOW MANY PARTICIPANTS WOULD LIKE TO REGISTER FOR THE BARCELONA 2017 TOUR WITH THIS FORM?

Number of PERFORMERS: _____ Number of Non-Performers: _____

PLEASE SELECT ONE PAYMENT PLAN FROM THE 2 PAYMENT PLANS AVAILABLE. If selecting a payment plan, we request that choirs select one payment plan for all members.

****For CHOIRS, all payments are to be sent in one lump sum payment, from one source, for each payment. Payments from individual group members are not accepted.***

The pricing below applies to both PERFORMERS and NON-PERFORMERS – LAND OPTION ONLY

\$2,700 USD per person in a Double Room – pay in full now

OR

\$1,350 per person in a Double Room – pay now

Final balance due 5/1/17.

***Are you requesting a Single Room(s) for an additional \$825 USD per person? If so, how many? _____**

The pricing below applies to both PERFORMERS and NON-PERFORMERS – NO HOTEL OPTION

\$1,700 USD per person – pay in full now

OR

\$850 per person – pay now

Final balance due 5/1/17.

CALCULATE your initial deposit amount:

_____ X _____ = \$ _____ USD
 (Initial Deposit based on your chosen payment plan) (Total # of Participants) (Deposit amount to send to DCINY)

(See next page for payment options)

HOW WILL YOU BE MAKING YOUR DEPOSIT PAYMENT?

CHECK WIRE TRANSFER/ACH CREDIT CARD

PAYMENT INSTRUCTIONS:

PLEASE MAKE CHECK PAYABLE TO "DCINY" and SEND TO:

DCINY

250 West 57th Street, Suite 1610

New York, NY 10107

Attn: Jonathan Griffith Singers

WIRE TRANSFER INFORMATION:

Bank Name: J.P. Morgan Chase, N.A.

Bank Address: 1775 Broadway, New York, NY 10019

Acct Holder: Distinguished Concerts International LLC

Acct Number 3152602112

Routing & Transit Number 021000021

Swift Code CHASUS33.

*Please make sure that DCINY receives the EXACT U.S. Dollar amount due, please verify with your banker. We can only credit your account with the amount we receive. Please e-mail or fax this completed form and wire confirmation to:

Accounting@DCINY.org or fax to: (646) 736-0437.

CREDIT CARD INFORMATION

Name (as appears on credit card): _____

Billing Address (associated with credit card and if different from above):

Street: _____ Apt: _____

City: _____ State: _____

Postal Code: _____ Country: _____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____

Date of Expiration: ____ / ____ Card Security Code: _____

TOTAL AMOUNT TO BE CHARGED: \$ _____ USD

(I authorize DCINY to charge the amount above.)

SIGNATURE: _____ DATE: _____

If paying by credit card, please e-mail this completed payment form to: Accounting@DCINY.org or fax to: (646) 736-0437. You may also mail this completed form to: **DCINY, 250 W 57th Street, Suite 1610, New York, NY 10107, Attn: Jonathan Griffith Singers**

∞Upon receipt of your payment, a receipt will be e-mailed to you at the e-mail address you have provided.∞

Any questions regarding payment please contact DeAnna Choi at: Accounting@DCINY.org or (212) 707-8566 x306.

Any questions regarding trip information please contact Diane Marshall at: Diane@DCINY.org.

For full payment policies and terms please refer to the trip information details that were sent with your invitation.