



## INDIVIDUAL APPLICATION FORM

**BARCELONA: July 17-27, 2017**

**Title (please circle):**

Mr.                  Ms.                  Mrs.                  Dr.                  Reverend                  General

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Gender:**                  Female                  Male                  **Date of Birth (MM/DD/YY):** \_\_\_/\_\_\_/\_\_\_

**Primary email address:** \_\_\_\_\_

**Secondary email address:** \_\_\_\_\_

**Home phone number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mobile phone number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Post Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Your Voice Type or NP if Non-Performer (please circle):** S1    S2    A1    A2    T1    T2    B1    B2    NP

***We ask every performer to recruit (1) male performer to assure a balanced choir.***

If the information is available to you, please complete the following information regarding the male performer.

Otherwise, leave blank:

Full Name of Male Singer: \_\_\_\_\_ Email address: \_\_\_\_\_

Voice part (please circle):                  Tenor 1                  Tenor 2                  Bass 1                  Bass 2

**Are you paying for additional performers? If so, please list their names and voice parts below:**

Additional performers for whom you are paying MUST complete a registration form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you paying for non-performers? If so, please list their names below:**

Additional non-performers for whom you are paying MUST complete a registration form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:**

\_\_\_\_\_

\_\_\_\_\_

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**Have you traveled with the Jonathan Griffith Singers before? If so, when and where?**

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**Have you performed with DCINY before? If so, when and which concerts?**

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**Is there anything else you would like to share?**

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**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.**

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Signature

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Date

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

**Any questions regarding trip information please contact Diane Marshall at: [Diane@DCINY.org](mailto: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 57<sup>th</sup> 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](mailto: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](mailto:Accounting@DCINY.org) or fax to: (646) 736-0437. You may also mail this completed form to: **DCINY, 250 W 57<sup>th</sup> 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](mailto:Accounting@DCINY.org) or (212) 707-8566 x306.**

Any questions regarding trip information please contact Diane Marshall at: [Diane@DCINY.org](mailto:Diane@DCINY.org).

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