

THE LIRA ENSEMBLE
2024 TOUR OF SOUTHERN & CENTRAL POLAND
TOUR REGISTRATION FORM
June 20 – July 1, 2024

Please use a separate form for each individual joining the tour. Each individual (or parent/guardian) must sign personally.
Please print or type. This form may be duplicated.

NAME *(exactly as it appears on your passport)* _____

STREET ADDRESS _____

CITY _____ STATE _____

ZIPCODE _____

HOME TELEPHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

Note: All future tour information will be sent by e-mail.

DATE OF BIRTH _____ CITIZENSHIP _____

PASSPORT NUMBER _____ PASSPORT EXPIRATION DATE _____

I PLAN TO DEPART ON LOT AIRLINES FROM: CHICAGO _____ OTHER _____

If you are not flying from Chicago, please contact us so that we can coordinate your transportation.

Would you like a single room throughout the tour? **(Extra cost of \$1,100.00)** _____

If not, with whom are you sharing a room? _____

Do you want us to find a roommate for you? _____ Do you smoke? _____

If you are traveling with your spouse, do you prefer twin beds? _____ Or a double bed? _____

Will you return with the tour on July 1st? _____ If not, what is your return date? _____

Would you like us to book hotels or arrange travel or tours for you in Poland after the tour? _____

Would you like us to contact an expert to do research for you in Poland, for a fee? _____

How did you learn about the Lira Tour? _____

IMPORTANT DISCLAIMER: By making application for the above captioned trip sponsored by the Lira Ensemble, I hereby acknowledge that the Lira Ensemble (including its directors, officers, volunteers and employees) have no connection or responsibility with regard to the transportation or other facilities offered by the tour operator and airline making arrangements for the trip, and that the Lira Ensemble is not contracting parties with regard to any of the arrangements made or to be made. I understand that by signing this document I have contracted directly with the tour operator (Mazurkas Travel of Warsaw) and LOT Polish Airlines or other airline concerned and that contractual responsibilities, if any, are directly between Mazurkas Travel, the airlines, and me. I am fully cognizant of all risks of travel and arrangements for trip of this nature and fully disclaim, waive, and discharge the Lira Ensemble (including its directors, officers, volunteers, and employees) from any and all liability, claims, or responsibilities with regard to the proposed trip and arrangements made with respect thereto, even if caused by the negligence or purported negligence of the Lira Ensemble (including directors, officers, volunteers, and employees).

I certify that I have read and understand the Terms & Conditions the Disclaimer for this tour.

SIGNATURE OF TRAVELER _____ DATE _____

**Please send this completed form, with a \$2,000.00 deposit as a check payable to the Lira Ensemble, as soon as possible, to:
The Lira Ensemble, 6033 N. Sheridan Road #34H, Chicago, Illinois 60660**

Original signatures required. Do not send by email.