

Handbell Ventures, Inc.
Campanae Mundi - Tuscany
March 23 – 30, 2013

\$2,295 p.p. Land Package Only

APPLICATION FORM

Return this completed form to *Handbell Ventures, 3790 El Camino Real #162, Palo Alto, CA 94306* along with your deposit in the amount of \$295 per person, made payable to Handbell Ventures. Please refer to the Terms and Conditions for a complete payment schedule. If you are signing up for the tour after further payments are due, include sufficient funds with your application to bring your account up to date. Be sure that if you wish to purchase travel protection, you do so in a timely manner.

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Print full legal name as it appears on your passport. Include title (Mr., Mrs., Ms., Miss, Dr., Rev., etc.) before each name.

TRAVELER INFORMATION

1. Title _____ Last _____ First _____ Middle _____

Name (if other than legal first name) _____

Birthdate _____ Age _____ Ringer Non-ringer

Citizenship: U.S. Other _____

Passport # _____ Exp. Date _____

2. Title _____ Last _____ First _____ Middle _____

Name (if other than legal first name) _____

Birthdate _____ Age _____ Ringer Non-ringer

Citizenship: U.S. Other _____

Passport # _____ Exp. Date _____

CONTACT INFORMATION

NOTE: All mailings pertaining to this application will be sent to the address below:

Mailing Address (no PO Box): Street _____

City _____ State _____ ZIP _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ E-mail _____

E-mail _____

ACCOMMODATIONS

The villa sleeps up to 20 people and you will be assigned accommodations as deemed appropriate. If you have special requirements, restrictions or requests, please communicate them as early as possible.

I plan to have a roommate *Roommate's name if not listed above:* _____

Roommate not yet known I do not have a roommate and appreciate assistance in finding one. I

understand that if a suitable roommate is not available, I will be responsible for the cost of single accommodations

I prefer single occupancy if possible

I smoke I do not smoke

TRAVEL INFORMATION

You will be responsible for booking your own flight and arranging travel to one of the approved pick up locations that will be determined once we have arrival information from all participants.

I will arrive at an agreed pick up location by the agreed time so that I can take advantage of transportation to the accommodations. I am willing to be flexible as locations and times are coordinated with other participants.

Arriving Flight: _____ Date & Time: _____

Departing Flight: _____ Date & Time: _____

I will arrive at the accommodations on my own by 4:00 pm, Saturday, March 23 and do not need to coordinate being picked up.

SPECIAL DIETARY REQUIREMENTS

Requests for special meals cannot be guaranteed, but we will make a best effort to accommodate your needs. This will also help us plan for shopping and group meals.

TRAVEL PROTECTION

We encourage you to buy trip insurance for your travel. Since you will all be arranging your own travel, you will need to purchase this protection on your own. We recommend the GlobalAlert Preferred plan available at www.insuremytrip.com. Cost to insure your trip should be less than \$150.

RINGING INFORMATION

Please rank your top 5 ringing positions, 1 being your first choice and 5 your fifth.

- | | | |
|------------|--------------|-----------------|
| _____ CD4 | _____ DE5 | _____ EF6/EF7 |
| _____ EF4 | _____ FG5 | _____ GA6/GA7 |
| _____ GA4 | _____ AB5 | _____ B6C7/B7C8 |
| _____ B4C5 | _____ CD6/D7 | |

PAYMENTS

I have included a **\$295 non-refundable* deposit before September 15, 2012.**

Installment 1 in the amount of \$1,000 is due November 15, 2012 and Installment 2 in the amount of \$1,000 is due January 15, 2013. I understand that not making timely payments may forfeit my ringing position to an applicant on the waiting list. Please make all checks payable to Handbell Ventures.

Total Amount Enclosed: \$ _____

SIGNATURE

All information and signature lines below **must** be filled out in order to process this application.

I/We have read and understood this brochure and accept its contents.

Signature(s) of Participant(s)

1. _____ Date _____
2. _____ Date _____

Emergency Contact _____

Emergency Phone _____