

Santa Fe Opera Festival, Aug. 10-14, 2016

Travel reservation form

Name as it appears on your identification	n/driver license
	Date of Birth
Name as it appears on your identificatio	n/driver license
	Date of Birth
Preferred name for name tags:	
Address	
City	State ZIP
Home Phone ()	Cell Phone ()
Email	Home Business
Enclosed is my deposit of	(\$500/per person required) to reserve place(s).
\square Accept my check made payable to: UC	LA Alumni Association.
Charge my deposit to: ☐ MasterCard ☐	Visa □ American Express □ Discover
Card #:	Expires/
Name (as it appears on your card)	Signature
I/we authorize you to make my/our reser	vations as follows:
☐ Double accommodations at \$1,985 per☐ I prefer a single room at an additional \$☐ I would like to share my room; please t	
Reservations to be paid in full by May 1 accompanied by payment in full.	10, 2016. Reservations received after this date must be
	membership in the Alumni Association. You may invite up you as a guest on your membership.
☐ Yes, I am a member of the UCLA Alumn☐ No, I am not a member. Please send me	
I/We have read the tour conditions and re	esponsibility clause and agree to all therein (all participants must sign)
Signature	Date:
Signature	Date:

MAIL, FAX OR EMAIL RESERVATION FORM TO:

UCLA Alumni Association / Attn: Alumni Travel James West Alumni Center, Los Angeles, CA 90095-1397 Fax: 310-209-4271 • Email: travel@alumni.ucla.edu