



# Oregon Shakespeare Festival, June 25-29, 2024 reservation form

Name as it appears on your passport \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name as it appears on your passport \_\_\_\_\_

Date of Birth \_\_\_\_\_

Preferred name for name tags \_\_\_\_\_

Bedding Request:

☐ King

☐ 2 Double Beds

☐ Queen

(Double Occupancy Only) (Single Occupancy)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ ☐ Home ☐ Business

**I/we authorize you to make my/our reservations as follows:**

☐ Double accommodations at \$1,949 per person

☐ I prefer a single room at an additional \$580 (limited availability)

☐ I would like to share my room; please try to find me a roommate (shares cannot be guaranteed)

**Option for activity on Thursday, June 27, 2024 [Select one]**

☐ *Hellgate Jetboat Excursion*

--or--

☐ *Lizard Boy*

\*Please Note: Selection requests are subject to availability given on a first come first served basis.

**Reservation Deposit, a deposit of \$500 is required for each participant**

Enclosed is my deposit of \_\_\_\_\_.

☐ Charge my deposit to: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card # \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (as it appears on your credit card) \_\_\_\_\_

Signature \_\_\_\_\_

Reservations to be paid in full by April 26, 2024.

Reservations received after this date must be accompanied by payment in full and subject to availability.

UCLA Alumni Travel is an advantage reserved for UCLA Alumni Association sustaining donors.\*

Please select an option below:

☐ I am currently a sustaining donor.

☐ I have made a \$100 donation at [travel.alumni.ucla.edu/donate](http://travel.alumni.ucla.edu/donate).

\*Sustaining donors include Gold, Life, and Blue Members as well as anyone who has made a qualifying donation of \$100 or more to the UCLA Alumni Association Support Fund in the past year.

I/We have read the tour conditions and responsibility clause and agree to all therein  
(all participants must sign).

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ 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](mailto:travel@alumni.ucla.edu)