

Viver Brasil

Registration Form

BAHIA TRAVEL PROGRAM: Roots & Contemporary Development of Afro-Brazilian Dance & Music Workshop
\$3500 (double occupancy) \$450 deposit is required with registration

Personal Information: PRINT CLEARLY

Full name (as appears on passport) _____

Mailing address _____

City/State/Zip _____

Home Phone _____ Cell phone _____

Fax number _____ Email _____

Date of birth (spell month) _____

Passport # and Citizenship _____

Emergency Contact

Name _____ Relationship _____

Home phone _____ Work phone _____

Package accommodations (please check one)

Double occupancy (upon availability) _____

Single supplement (+500.) _____

Name of preferred roommate (if applicable) _____

Do you have any disabilities or health/dietary concerns, which require special assistance/attention?
yes _____ no _____

If yes, please describe:

Fees and payment

Program fee _____

+ Hotel Single supplement (if applicable) _____

= Total Fee _____

- Deposit (you are welcome to include more than the deposit) _____

Balance Due: _____

Payment Method (please check)

Check _____ Money order or cashier's check _____ Credit card _____ exp _____ (add 4% of total fee to offset credit card costs- cc payment on viverbrasil.com through paypal)

Please tell us how you heard about us _____

Limits of Liability/Cancellation Policy

I, _____, understand that Viver Brasil Dance Company acts only as an agent for the passenger in regard to transportation and or all other related travel services as stated in the program description and itinerary, and thus, assumes no liability for injury, delay, irregularity, loss or damage to person or property, or additional costs resulting directly or indirectly from acts of nature, detention, weather or failure of any means of transportation to comply with schedules, quarantines, strikes, civil disturbances and law, trade embargoes, discrepancies, theft, government regulations related to customs, immigration, violations of law over which it has no control, whether it arises out of or is incident to the program or otherwise. I understand that reasonable changes in schedule or prices may be made any time when deemed advisable for the comfort and well being of the participants. I understand that Viver Brasil Dance Company cannot accept responsibility for the property of personal illnesses or injuries to program participants during the program. I understand that I am responsible for obtaining a tourist visa to Brazil and paying for applicable fees to the issuing Brazilian Consulate. I understand that Viver Brasil Company reserves the right to refuse to accept any person as a program participant.

Cancellation Policy

I understand that my deposit is non-refundable. I understand that for cancellations made thirty (30) days prior to date of departure, total payments made minus the non-refundable \$450. deposit will be refunded.

I understand that for cancellation between thirty (30) and eight (eight) days before date of departure Viver Brasil Dance Company will retain 50% of the program fees, including applicable hotel single supplements and optional extensions.

Furthermore, I understand that for cancellation seven (7) days and less before the date of departure Viver Brasil Dance Company will retain 100% of the program fees, including applicable hotel single supplements and optional extensions.

I understand and agree to the terms as stated above in regard to my participation.

Signature: _____

Print Name: _____

Date: _____

Please make your check or money order payable to: Viver Brasil

Return this form to: Viver Brasil
Attn: Linda Yudin, Director
2141 N. Gower Street,
Los Angeles, CA 90068

Make a copy of this completed form for you records.