

Registration Form ESU Holiday Weekend at Knowsley Hall Prescot, Merseyside L34 4AG England, November 20-23, 2025

Please complete and send this form with your deposit by check, credit card, Zelle or bank transfer to: Rossana Ivanova, The English-Speaking Union of the United States, 144 East 39th Street, New York, NY 10016 Or by email to <u>rivanova@esuus.org</u>. Questions? Call (862) 224-4244

Please reserve pla	aces for:		
	Tour Participant #1	Tour Part	icipant #2
Preferred Name(s):			
E-mail(s):			
Cell/Mobile:			
Address			
City	State	Zip	
A PASSPORT IS REQU	RED . Please provide the following in	formation:	
Passport Name			
Passport Number (and citizenship if not US	A)		<u> </u>
Expiry:			
Date of Birth			
<u>https:</u>	tory entry requirement and should //www.gov.uk/guidance/apply-fo	r-an-electronic-travel-authoris	a <u>tion-eta</u>
The tour cost is based	on accommodations in Knowsley H	all in an Executive/Classic Suit	ie. SUBTOTALS
Per person doub	le occupancy @ \$2,500 x	person/people	
	le occupancy @ \$3,400 utive/Classic rooms. Once sold, the traveler	will have to upgrade to an Executive F	Plus/Deluxe bedroom
Upgrade to Executive P	Plus / Deluxe		
Per person doul	ble occupancy @ \$2,800 x	person/people	
Per person sing	le occupancy @ \$3,900		
Royal Lodgings Suite /	Lord Derby's Suite		
Per person dou	ble occupancy @ \$3,500 x	person/people	
Per person sing	le occupancy @ \$6,000		
Half-day tour of Liverpo	ool including lunch @\$150 per pers		
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Travel insurance is the best way to protect your tour investment. Information will be sent to you upon receipt of your Personal Tour Agreement.



DEPOSIT PAYMENT BY CHECK, CREDIT CARD, ZELLE OR BANK WIRE

Non-refundable Deposit:

- \$500 per person, double; \$750 single *
- Balance is due on or before May 16, 2025

Note: Payment by credit card will incur a credit card convenience fee of 3.9%.

<u>By AC</u>	<u>H electronic transfer</u> :	Chase, 533 Third Avenue, NY, NY 10016 Routing No. 021000021, Acct No. 722923262	Payments via Zelle: Email: adifilippo@esuus.org		
	Signature				
	Name as it appears on the card (please print):				
	Expiry	Security Code			
	Please charge (provide card type and no.):				
	Check enclosed (payal	le to ESU USA).			

INTERNATIONAL AIRFARE

I understand that airfare is not included.

TRIP INSURANCE

I understand that trip insurance is not included, and that I am responsible for purchasing it (not required, but strongly recommended). Information regarding travel insurance will be sent upon receipt of your registration.

Dietary Restrictions (medical): Please indicate specific food allergies or other medical dietary restrictions.

Is there a special occasion that you would like to celebrate during the tour (birthday, anniversary)?

In case of emergency conta	ict:		
Name	Relationship	Phone/email:	
	ission to the ESU to use my likeness a rposes YesNo	and/or image in photographs, video, recordings, or an	y
I/We have read the attached Arbitration Clause, and agr	•	e from Liability, Assumption of Risk, and Binding	
Signature:		Date:	
		Date:	

With specific questions about the tour, please contact Rossana Ivanova at rivanova@esuus.org