

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 rivanova@esuus.org. Questions? Call (862) 224-4244

Please reserve pl	aces for:			
	Tour Participant #1		Tour Participant #	<u>#2</u>
Preferred Name(s):				
E-mail(s):				
Cell/Mobile:			,	
Address				
City	State	·	Zip	
A PASSPORT IS REQU	IRED. Please provide the following	owing information:		
Passport Name				
Passport Number (and citizenship if not US	6A)			
Expiry:				
Date of Birth				
This is a manda	tory entry requirement and	should be secure	athorization (ETA) before traveled in advance to ensure a smo	ooth arrival.
The tour cost is based	on accommodations in Kno	wsley Hall in an E	Executive/Classic Suite.	
Per person doub	ole occupancy @ \$2,500 x	Sold Out	person/people	SUBTOTALS Sold Out
Per person single occupa	ancy @ \$3,400 cutive/Classic rooms. Once sold, th	Sold Out ne traveler will have to	o upgrade to an Executive Plus/Delux	Sold Out te bedroom
Upgrade to Executive F	Plus / Deluxe			
Per person dou	ble occupancy @ \$2,800 x		person/people	
Per person sing	gle occupancy @ \$3,900			
Royal Lodgings Suite /	Lord Derby's Suite			
Per person dou	ble occupancy @ \$3,500 x		person/people	
Per person sing	gle occupancy @ \$6,000			
Half-day tour of Liverpo	ool including lunch @\$150 p	er person		
			TOTAL	

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	d will incur a credit card convenience fee of 3.9%.	
Check enclosed (paya	ble to ESU USA).	
Please charge (provide	e card type and no.):	
Expiry	Security Code	
Name as it appears or	the card (please print):	
Signature		
By ACH electronic transfer:	Chase, 533 Third Avenue, NY, NY 10016 Routing No. 021000021, Acct No. 722923262	Payments via Zelle: Email: adifilippo@esuus.org
INTERNATIONAL AIRFARE		
I understand that airfar	re is not included.	
TRIP INSURANCE		
strongly recommended Information regarding	g travel insurance will be sent upon receipt of your	registration.
Dietary Restrictions (medica	I): Please indicate specific food allergies or other n	nedical dietary restrictions.
Is there a special occasion the	hat you would like to celebrate during the tour (birt	hday, anniversary)?
In case of emergency contact	et:	
Name	RelationshipPh	one/email:
	ssion to the ESU to use my likeness and/or image in phoses YesNo	
I/We have read the attached Arbitration Clause, and agree	Terms and Conditions, and Release from Liability, e to all therein.	Assumption of Risk, and Binding
Signature:	Da	ate:
Signature:	Da	ate:

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