



## **Peggy Markel's Culinary Adventures – Application Form 2018/19 (updated 7.18)**

In order to secure your place in the course, please follow the steps (1) through (5) below. **Please use one registration form per person.** If you need additional registration forms, please download them from our website at: <http://www.peggymarkel.com/register>. For questions, please email [info@peggymarkel.com](mailto:info@peggymarkel.com) or call us.

Sign form, and mail with payment to: Peggy Markel's Culinary Adventures, P.O. Box 54, Boulder, CO 80306 , or scan and email to [info@peggymarkel.com](mailto:info@peggymarkel.com) or fax to 303-449-1497.

Prices include accommodations, all cooking instruction, tours, tastings, ground transportation and transfers during the program, and most meals as detailed in the itinerary. Airfare is not included. Prices subject to change without notice.

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### **(1) CONTACT INFORMATION**

Registrant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Passport # \_\_\_\_\_ Nationality \_\_\_\_\_ Date Passport Issued \_\_\_\_\_

Date Passport Expires \_\_\_\_\_ Name on passport (if different) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Guest with whom you are sharing a room \_\_\_\_\_

### **(2) CHOOSE YOUR PROGRAM DATES, ROOM TYPE AND PRICE**

#### **INDIA – Tasting Royal Rajasthan**

☐ February 3-15, 2019

☐ Double Occupancy \$9,327 / per person

☐ Single Supplement \$2,749

#### **MOROCCO - A Feast of the Senses**

☐ Oct 28 – Nov 6, 2018

☐ Double Occupancy \$5,457 / \$5657 per person

☐ March 10 - 19, 2019

☐ Single Supplement \$532 / \$552

**SEVILLE – The Scintillating Flavors of Seville**

- |   |  |
|---|--|
| <input type="checkbox"/> April 6 – May 14, 2019 | <input type="checkbox"/> Double Occupancy \$7,749 / per person |
|   | <input type="checkbox"/> Single Supplement \$450               |

**SICILY – A Different Italy**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> May 2020 | <input type="checkbox"/> Double Occupancy \$TBD / per person |
|                                   | <input type="checkbox"/> Single Supplement \$TBD             |

**AMALFI – Sailing and Savoring the Amalfi Coast**

- |   |  |
|---|--|
| <input type="checkbox"/> June 8 – 15, 2019  |  |
| <input type="checkbox"/> June 15 – 22, 2019 | <input type="checkbox"/> Double Occupancy \$4,997 / per person<br>(doubles only available) |

**SICILY / AEOLIANS – Myth and Malvasia in the Aeolian Islands**

- |  |  |
|--|--|
| <input type="checkbox"/> September 18 – 26, 2018 | <input type="checkbox"/> Double Occupancy \$6,721 / per person |
|  | <input type="checkbox"/> Single Supplement \$1,607             |

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**(3) TELL US A LITTLE ABOUT YOURSELF**

Our Culinary Adventures **require guests to be in good health and physically fit**. (For example, in Italy, some of our hotels feature flights of stairs and we often walk through markets on cobblestoned streets and uneven ground. In Spain, we hike through the hillsides and acorn forests, and in Morocco, we ride camels and donkeys, climb stairs and hike, sometimes at altitude. Please enquire about your particular trip.)

Have you travelled with Peggy Markel Culinary Adventures before? When? Where?

Do you have any physical disabilities or ailments that might prevent you from participating in these activities? (Please note, your safety is of utmost importance to us and we endeavor to put together groups that will be able to keep a similar pace. Please read the paragraph at the beginning of this section.)

Do you have any dietary restrictions or allergies that we should be aware of?

Do you consider yourself a flexible and adventurous traveler? (Because of the unique style of our Culinary Adventures, a flexible attitude is a must.)

What is one thing you would wish to gain from this adventure? What motivated you to join this trip?

What attracted you to Peggy Markel's Culinary Adventures?

Where did you hear about us?

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**(4) PAYMENT METHOD**

How Many Registering: Total Amount Due: \$ \_\_\_\_\_

1      2

☐ Deposit \$ \_\_\_\_\_ (\$2,000 per registrant)

Note: Balance due 60 days prior to program, other than for India, where 50% of balance is due 90 days in advance and the rest, 60 days in advance.

☐ Payment in Full \$ \_\_\_\_\_

☐ Payment with Check      Check Enclosed # \_\_\_\_\_

Please make payable to: Peggy Markel's Culinary Adventures

☐ Payment with Credit Card -- circle one      MC      VISA      AMEX

ACCT. NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_ 3-DIGIT "V" CODE \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Address for Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

**(5) CAREFULLY READ OUR POLICIES AND SIGN RELEASE FORM**

Prices include accommodations, cooking instruction, tours, tastings, ground transportation and transfers during the program, and most meals as listed in the itinerary. Airfare is not included. Prices subject to change without notice.

**CANCELLATIONS & REFUNDS:** A \$2,000 per person deposit is required to reserve a space in the course.

Balance is due 60 days prior to departure for most programs, except India where half of the balance is due 90 days prior to departure and the remaining balance is due 60 days out. For cancellations 61 days or more prior to departure, fees paid are refunded less the \$2,000 deposit – \$1,000 of this deposit is non-refundable; however, as a courtesy, Peggy Markel's Culinary Adventures allows the other \$1,000 to be applied towards another PMCA program departing within a year. Cancellations made 60 days or less prior to departure will result in the loss of all monies received. Exceptions to this cancellation policy cannot be made for any reason, including personal emergencies. There is no refund for leaving a program early or arriving late.

Peggy Markel's Culinary Adventures reserves the right to cancel any program prior to its start, in which case all monies will be refunded.

**ITINERARY:** Peggy Markel's Culinary Adventures' has the right to make partial changes to the stated itinerary. We will do our best to keep changes to a minimum.

**PHOTO RELEASE:** Peggy Markel's Culinary Adventures' photographs class activities for use in brochure/publicity. Please notify us if we are not free to use photographs of you.

**WAIVER & EMERGENCY INFORMATION:** Please remember to include with your deposit the signed waiver and emergency information.

**RELEASE AND ASSUMPTION OF RISK**

I hereby acknowledge that I have voluntarily applied (the "Applicant") to Soul Kitchen, Inc., a Colorado corporation (dba Peggy Markel's Culinary Adventures) ("PMCA") and that PMCA relies in part on others to provide cooking instruction, overnight accommodations, personal tours and transportation to and from such tours. PMCA while exercising reasonable care in selecting such premises and independent contractors, does not guarantee without limitation their suitability or performance. In the event a lessor, independent contractor or contractors fail to provide or perform in a manner which materially diminishes the services or accommodations provided to the Applicant, PMCA's liability shall be limited to refunding an amount to the Applicant from the fee paid which approximates the percentage of the PMCA's program which has been compromised or lost.

Except as provided above, Applicant further herein acknowledges and agrees to release, absolve, indemnify and hold harmless PMCA, its organizers, sponsors, shareholders, and employees from any injury or loss caused by or resulting from the leased accommodations or employment of any and all independent contractors (the "Agreement"), unless such injury or loss resulted from the gross negligence of PMCA in selecting such premises or employing such party(s). This agreement shall also serve as a release and assumption of risk from Applicant's heirs, executors, administrators, and all members of Applicant's family.

I have carefully read this Agreement, understand that I am releasing certain legal rights that I otherwise have and I enter into this Agreement freely and voluntarily. I understand PMCA, in accepting my application to attend, does so based on this representation.

IN WITNESS WHEREOF, this Release and Assumption of Risk is executed and presented to PMCA on

\_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Signature)

**WE STRONGLY RECOMMEND YOU PURCHASE TRAVEL INSURANCE within 15 days of your first payment.**

- ☐ Yes, I choose to purchase travel insurance. Please contact your travel agency, insurance or credit card company for pricing. PMCA does not sell travel insurance.
- ☐ No, I decline to purchase travel insurance and I am assuming any financial loss associated with my travel plans.