



First Parish Church Choir

CHARLEVOIX/QUEBEC CITY

May 19 – 22, 2010



TOUR REGISTRATION FORM

1) Legal Name: <i>(as it appears on your passport)</i>			
Nickname: <i>(for lists and nametags)</i>			
Address:		City:	
State:		Zip:	
Telephone(s):	Home:	Work:	Cell:
Email Address:			
Passport number:	date of Issue:	Date of Birth	
Emergency Contact Name:			Telephone #:

2) Legal Name: <i>(as it appears on your passport)</i>			
Nickname: <i>(for lists and nametags)</i>			
Address:		City:	
State:		Zip:	
Telephone(s):	Home:	Work:	Cell:
Email Address:			
Passport number:	date of Issue:	Date of Birth	
Emergency Contact Name:			Telephone #:

<input type="checkbox"/> My roommate is <i>(if not listed above):</i>
<input type="checkbox"/> Please find me a roommate
<input type="checkbox"/> Please reserve for me a single room

Enclosed is my/our deposit for \$_____ *(Please make checks payable to **Plymouth Travel**)*

Payment Schedule: Initial deposit \$150.00 / per person by January 15, 2010
 April 5, 2010: Final payment due

We /I have read and understand the "Reservations, Payment and General Information" printed in the brochure.

Signature X _____

NOTES & COMMENTS

Please use this space to indicate any special requests, medical conditions or other considerations that you wish to make us aware of:

Please return this form with payment to

Plymouth Travel Inc.
 13A Town West Road
 Plymouth, NH 03264

603-536-2403 • 1-800-682-0135 • Fax 603-536-4941 • info@plymouth-travel.com