

Manchester Choral Society

IRELAND: June 30 – July 11, 2011

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:			Birth Date:
Passport Number:			Exp Date:
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:			Birth Date:
Passport Number:			Exp Date:
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 \$_____ (\$250 per person: *Please make checks payable to Plymouth Travel*)

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 a check made payable to **Plymouth Travel** to:*

Plymouth Travel
13A Town West Road
Plymouth, NH 03264