

Manchester Choral Society

IRELAND: June 28 – July 9, 2011

TOUR REGISTRATION FORM

1) Legal Name: <i>(As it appears on your passport)</i>		
Nickname: <i>(For lists and name tags)</i>		
Date of birth:		
Passport number:	Date of issue:	Date of expiration:
Address:		
City:	State:	Zip:
Email:		
Telephone number:		
Alternate address: <i>(If applicable)</i>		
Emergency Contact Name:		Telephone #:

2) Legal Name: <i>(As it appears on your passport)</i>		
Nickname: <i>(For lists and name tags)</i>		
Date of birth:		
Passport number:	Date of issue:	Date of expiration:
Address:		
City:	State:	Zip:
Email:		
Telephone number:		
Alternate address: <i>(If applicable)</i>		
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 a single room for me

NOTES & COMMENTS:

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

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

Signature **X** _____

*Please return this form with a check made payable to **Plymouth Travel** to:*

Plymouth Travel
13A Town West Road
Plymouth, NH 03264