

Community Bands at Sea

World Music Tours, 9712 Arrowleaf Trail, Salinas, CA 93907

Phone: 831-633-4847 Fax: 831-632-0467 Cell: 408-605-7714 Email: WorldMusicTours@aol.com

Registration Form

Date _____

Passport Required for all Tours

I/We are registering for: 2017 Mexican Riviera

Names as they appear on Passport.

Last Name 1 _____ First Name 1 _____

Last Name 2 _____ First Name 2 _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Phone(evening) _____

Email _____ Fax _____

Princess # _____ Are you a veteran? _____

Celebrating special occasion on trip (birthday, anniversary, etc) _____

Emergency Contact (required) Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

First Name Date of Birth _____ Second Name Date of Birth _____

Passport Number, Name 1 _____ Expires _____

Passport Number, Name 2 _____ Expires _____

Gateway City/Airport _____

CRUISE: Category (1st Choice) _____ Category (2nd Choice) _____

_____ Smoker _____ Non-Smoker _____ Need Roommate

INITIAL DEPOSIT: _____ Mexican Riviera, 20% of Cruise Fare
February 11 – 18, 2017

I/we would like to purchase trip cancellation and medical insurance. (If purchased with 7 days of initial deposit, pre-existing medical conditions are covered)

Check one _____ Yes _____ No

FINANCIAL:

Deposit _____

Grand Total _____

PAYMENT

Check _____ Amount Enclosed \$ _____
Credit Card (we will call you for card number and authorization)

Authorized Signature _____ Date _____

Required if using credit card and must be the same as on the card. I authorize World Music Tours to charge me for the above total. I further affirm that the name of and personal information provided on this form is true and correct

MUSICIAN APPLICATION

Name 1 Instrument #1 _____ Make/Model _____ Serial Number _____

Alternate Instrument _____ Make/Model _____ Serial Number _____

Name 2 Instrument #1 _____ Make/Model _____ Serial Number _____

Alternate Instrument #2 _____ Make/Model _____ Serial Number _____

Experience:

Name of community band or other bands that you play with on a regular basis

Size of Band _____ Part you play _____ Years in Band _____

Please list additional qualifications and experience that will help in your selection and placement in the Band at Sea.

Fax the registration and musician application to 831-632-0467, or mail to World Music Tours, 9712 Arrowleaf Trail, Salinas, CA 93907. For more information, call 831-633-4847. Email: WorldMusicTours@aol.com.



World Music Tours
CST #2084694



