



# ***CHOIR TOUR 2005***

***July 23 - August 6, 2005***

## ***TRAVEL REGISTRATION FORM***

Please submit a separate form for each person traveling

Singing choir member       Non-singing associate

Name: Mr / Mrs / Ms \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Passport No. \_\_\_\_\_ Expiration date: \_\_\_\_\_

Single Room

Double Room      Rooming with: \_\_\_\_\_ (leave blank if no preference)

I wish to purchase cancellation waiver and insurance:  Yes     No

(Payment for waiver and insurance is due at time of first deposit – call 427-0920 for quote)

200.00      Deposit (non-refundable)

\_\_\_\_\_      Cancellation waiver and insurance

\_\_\_\_\_      Total payment enclosed (check payable to GALLERY OF TRAVEL)

I would like to make quarterly payments (after initial deposit):  Yes     No

Please mail to: Gallery of Travel, 125 White Spruce Blvd., Rochester, NY 14623 Attn: Lila Ford