

# 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](mailto:WorldMusicTours@aol.com)

## Registration Form

Date \_\_\_\_\_

Passport Required for all Tours

I/We are registering for:  Eastern Caribbean  Alaska

### 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 \_\_\_\_\_

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 (1<sup>st</sup> Choice) \_\_\_\_\_ Category (2<sup>nd</sup> Choice) \_\_\_\_\_

For the Caribbean cruise; Bella Category  or Fantastica Category

Smoker  Non-Smoker  Need Roommate

**INITIAL DEPOSIT:**  Eastern Caribbean, 20% of Cruise Fare  Alaska, 20% Cruise Fare

February 17 – 24, 2018 August 24 – September 2, 2018

I/we would like to purchase trip cancellation and medical insurance. (If purchased with 14 days of initial deposit, pre-existing medical conditions are covered)

Check one  Yes  No

### FINANCIAL:

Deposit \_\_\_\_\_

Grand Total \_\_\_\_\_

### PAYMENT

Amount Enclosed \$ \_\_\_\_\_  
 Check  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

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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.

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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](mailto:WorldMusicTours@aol.com).



**World Music Tours**  
CST #2084694



