

Twenty-Fourth Annual Scotland and England Organ and Castle Tour - July 17 - 30, 2012

ENROLLMENT FORM

Please return this completed form to MR. LESLIE PEART, 937 Salem Drive, Corpus Christi, TX 78412, with your deposit of \$500.00 per person, made payable to *Leslie Peart*. Complete payment schedule is outlined in Terms and Conditions. Please make a photo copy of this form and keep for your files.

Please PRINT your full name as it appears on your passport, including title, (Mr., Mrs., Dr., etc).

1. _____ Birth date _____

2. _____ Birth date _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Phone - Home (____) _____ Cell (____) _____ Work (____) _____

Email Address _____

Citizenship: U. S. Other (please indicate): _____

Passport Number _____ Expiration Date _____

Roommate's Name (if not listed above) _____

I do not have a roommate, but would like one. I understand that if a roommate is not available, I will be responsible for the cost of single accommodations (\$485.00)

I prefer single accommodations Smoker Non-Smoker

Emergency Contact
Name _____ Phone _____ Email _____

Relationship of Emergency Contact _____

PLEASE INCLUDE A PHOTOGRAPH OF YOURSELF, AND A COPY OF THE FIRST PAGE OF YOUR PASSPORT.

I/We have read all terms and conditions, and agree to them as printed.

Signature of Participant _____