

TWENTY-SECOND ANNUAL SCOTLAND AND ENGLAND
ORGAN TOUR
July 13 – 26, 2010
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 records.

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

1. _____ Birthdate _____

2. _____ Birthdate _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone – Home _____ 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 (\$415.00).

I prefer single accommodations Smoker Non-Smoker

Name of Emergency Contact _____ Phone _____

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

Signature of Participant _____