

# Draga-Coots All Star Jazz Tour, Sept. 14 - 28, 2022 - Registration Form

Send to: **Tom & Gina Crisp, 4231 S. Pauline Lane, Tucson AZ 85730**

For info, call: 520-419-6090 Email: [tom@crisptours.com](mailto:tom@crisptours.com) Website: <http://crisptours.com/>

To register & save your space, mail this registration form and a check or money order for **\$250 per person** to the address above.  
\$50 per person is nonrefundable. Note: To keep prices down, **we do not accept credit cards.**

**Include a copy of the passport picture page for each traveler.** Names on your airline tickets must match your passport.

After **February 1, 2022**, **\$4,000 per person** is due and half is non-refundable.

After **June 1, 2022**, balance of **\$7,850 per person** is due with no refunds.

We highly recommend cancellation/medical travel insurance with [USI Travel Insurance Services](#) after **Feb 1, 2022**.

First & Last Names for your tour badges: \_\_\_\_\_

Exact names as shown on your passport: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emails: \_\_\_\_\_ / \_\_\_\_\_

International Airport with Code of Departure: 1<sup>st</sup> & 2<sup>nd</sup> Choice \_\_\_\_\_

Seating: Aisle \_\_\_\_ next to partner Window \_\_\_\_ next to partner. Both aisles across from each other: \_\_\_\_ Request wheelchair \_\_\_\_

Birthdates: (Required for airline tickets & travel insurance.) His: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Hers: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Passport expiration dates: His: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hers: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you interested in arriving early or departing later at little or no extra cost? Yes \_\_\_\_ No \_\_\_\_ If yes, we need to know your travel dates no later than **February 1, 2022** when we start booking airline tickets.

Are you interested in cancellation & medical insurance to protect your investment after **Feb 1, 2022** when **\$4,000** payment per person is due? Yes \_\_\_\_ No \_\_\_\_ A no-obligation quote is available from [USI Travel Insurance Services](#) at any time.

We would like to share the same facility accommodations with: \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Make checks out to **Tom & Gina Crisp.** We cannot accept credit cards.

1<sup>st</sup> Person: \_\_\_\_\_ 2<sup>nd</sup> Person: \_\_\_\_\_

Signatures: I / We agree to the conditions in the brochure. We are aware of medical and cancellation insurance offers.

Once we receive your registration, we will send you a confirmation. Call us anytime if you have questions or special requests.

**Special Requests:**