

All Star Jazz Tour, Sept. 13 - 27, 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 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 after **Feb 1, 2022.**

First & Last Names for your tour badges: His: _____ Hers: _____

Exact names as shown on passports: His: _____ Hers: _____

Street Address: _____

City / State: _____ Zip: _____

Home or Cell Phone: _____ Cell Phone: _____

Emails: His: _____ Hers: _____

International departure Airport & Code: 1st Choice _____ 2nd 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**. We start booking airline tickets at that time.

If you make your own air accommodations, please provide your ticket itinerary. Meet the group - MUC Term 2, Sep 14, 10 am.

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 insurance quote is available from <https://mv.travelinsure.com/crisptours/?p=50011> at any time.

We would like to share the same facility accommodations with: _____

Amount enclosed \$ _____ Date: ____/____/____ Please make checks out to **Tom & Gina Crisp.** We cannot accept credit cards.

1st Person: _____ 2nd 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 anytime if you have questions or special requests.

Special Requests: