

TRIP REGISTRATION FORM:

Please complete form and return to your Trip Coordinator along with your deposit check or money order made payable to: MusicAmerica

Name of School/Group you are traveling with: _____

Traveler Information:

Legal First Name: _____ Middle Name/Initial: _____

Last Name: _____
(Name must match Government-issued ID EXACTLY)

Date of Birth: ____/____/____ Male _____ Female _____
(Required)

Chaperone/Adult Leader _____ Chaperones are placed in DOUBLE Occupancy (two to a room) unless requested otherwise

Student _____ Students are placed in QUAD Occupancy (four to a room)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email: _____
(Required)

Payment Information:

Check/Money Order #: _____ Trip Deposit = Total Payment Amount: \$ _____

❖ I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS TOUR PARTICIPANT AGREEMENT
(See previous page)

❖ I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THE
WELCOME LETTER/FINANCIAL DETAILS PAGE - INCLUDING PAYMENT SCHEDULE & CANCELLATION POLICY

Signature of Legal Guardian/Parent: _____ Date: _____

Signature of Participant: _____ Date: _____

Please Mail a paper copy of my monthly statements to the address above. (If box is not checked, you will receive statements by e-mail only)



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