

COMPLETE ONE SET OF FORMS PER TRAVELLER

Name of dance studio:			Date:	Page 1 of 2
	NAME AS IT APPEARS ON PASSPORT			
	Courtesy Title: Miss Ms Mrs Mrs Mr		Date of Birth: Day: Month: Year:	
	First Name:		Canadian Citizen: ☐ Yes ☐ No	
Middle Name:				
	Last Name:			
Mailing Address:			Apt/Suite:	
			Postal Code:	
			Email:	
apply to be a participant with THIS TOUR APPROVED BY:			(name of dance studio)	
THIS TOUR APPROVED BY: Studio owner/director:			Date:	
Perform	se check one) ner	one (Specify:)	
Please indicate any allergies or medical problems:			Please indicate any food preferences/dietary needs (Dancers Travel cannot guarantee any request is carried out. By signing this form you acknowledge and agree that you remain solely responsible for the dietary needs/preferences of yourself and those for whom you are responsible.):	



Sandy Slemp

403-969-1473

www.dancerstravel.ca

BOTH PAGES NEED TO BE FILLED OUT BEFORE SUBMITTING

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TO SUBMIT YOUR FORM — CLICK THE EMAIL BUTTON



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