



COMPLETE ONE SET OF FORMS PER TRAVELLER

Name of dance studio: _____ Date: _____

NAME AS IT APPEARS ON PASSPORT	
Courtesy Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr	Date of Birth: Day: ____ Month: ____ Year: ____
First Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Middle Name: _____	Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name: _____	Passport Expiration: Day: ____ Month: ____ Year: ____

Mailing Address: _____ Apt/Suite: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cellphone: _____ Email: _____

PLEASE FILL OUT BOTH PAGES – ON YOUR COMPUTER

I, _____ (participant's name)

apply to be a participant with _____ (name of dance studio)

THIS TOUR APPROVED BY:

Studio owner/director: _____ Date: _____

I am: (Please check one)

- Performer Parent/Chaperone (Specify: _____)
 Teacher/Director Sibling/Friend (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.):

NAME OF PARTICIPANT: _____

ACCOMMODATIONS:

Name of person to book room under: (As appears on passport)

Names of other people: (As appears on passport)

- 1. _____
- 2. _____
- 3. _____



I acknowledge that Dancers Travel International may use photographs or videotape footage of me taken during the tour for promotional purposes and I hereby grant them all rights of every kind, whether now known or to become known, in and to all photographs and videotape or digital recording made by or for Dancers Travel International or including my likeness, poses or license others to present or use such photographs and videotape throughout the universe forever by any now known or later discovered means and the use of them for advertising or promotional purposes without the payment of compensation to me.

NOTE: Unused segments of this tour/trip are 100% non transferable, nonrefundable.

By placing your name below, you agree to participate in _____ (Dance studio name). You also acknowledge and agree that you have read and agree to the Terms and Conditions of this touring program as attached hereto.

Participant Name (18 yrs or older):

Date: Day: _____ Month: _____ Year: _____

Parent/Guardian Name (for participant under 18 yrs):

Date: Day: _____ Month: _____ Year: _____

Please check here to ensure we stay CASL compliant.

Destination Travel & Events Inc. will provide you with travel communications as it relates to your group travel, travel updates, promotions and more. You are able to unsubscribe by sending an email.

BOTH PAGES NEED TO BE FILLED OUT BEFORE SUBMITTING

TO SUBMIT YOUR FORM – CLICK THE EMAIL BUTTON



Kim Greco

kim@dteinc.ca

416-575-5773

www.dancerstravel.ca

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