

# Trip Registration Form

Your Name/s: \_\_\_\_\_

Trip you are registering for: \_\_\_\_\_

## Your Contact Information

Please supply information for each person listed on this form (if different)

Email/s: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Addresses: \_\_\_\_\_

\_\_\_\_\_

## Booking details and Personal Information

Amount of deposit you are enclosing (or have sent): \_\_\_\_\_ Date sent: \_\_\_\_\_

Please list any Food or other Allergies & special diet requests, such as vegetarian: \_\_\_\_\_

Please note that not every diet can be provided, and that informing me of your condition does not guarantee the ability to supply your specific dietary needs, especially for diets described as low fat and low cholesterol. Diets such as dairy free, gluten free, vegetarian, vegan on some trips, and other specific food allergies can typically be provided.

If you are a single traveler, do you have or need a roommate?  Need  Have

If you have a Room mate, please give the Name: \_\_\_\_\_

If traveling as a Couple, please specify 1 bed or 2:  One bed  Two beds

Do you have any important physical conditions that might flare up and require medical attention? Medical care is not included in the trip cost nor is it guaranteed. This information is requested so that if assistance becomes necessary, correct information can be given to emergency health care providers. \_\_\_\_\_

What kind of dance styles do you participate in regularly or feel proficient in?  Scottish  English  
 Contra or Square  International Folk  Ballroom  Swing Any styles not listed? \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information

In the event of an Emergency, please designate a contact who will not be travelling with you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate contact method: \_\_\_\_\_

## Agreement

Please sign this and send it to the address below. By signing this you agree to the Terms and Conditions of the trip as they are described in the trip brochure and on this Registration Form. Because of logistical issues it is not possible to accept smokers for any group trip. By signing below you confirm that you are not a smoker and that you will not smoke on any of the group trips I organize.

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Mail this signed Registration Form with your Trip Deposit (unless already mailed) to:  
Ken McFarland, 3875 Geist Road #E323, Fairbanks AK 99709-3549