

DANCE ON THE WATER
Eastern Mediterranean – June 5-17, 2018 Folk Dance Cruise
REGISTRATION FORM

FULL NAME on passport _____

Name (or nickname) for badge _____

Passport No. _____ Nationality _____ Date of birth _____

Place of Birth _____ Date of issue _____ Date of expiration _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK (____) _____

CELL (____) _____ EMAIL _____

Food preferences/allergies _____

ACCOMPANYING PASSENGER(S) (Complete all info requested above on reverse side)

1. NAME _____ 2. NAME _____

CABIN PREFERENCE: 1st choice _____ 2nd choice _____ 3rd choice _____

(See "Prices" on our website, and indicate the cabin category(s) you prefer – IB, OA or BD.)

Check here if you want a cabin as a SINGLE occupant. [] (Surcharge price varies – see "Prices" on website.)

Check here if you are a SINGLE SEEKING TO SHARE with another. [] We will seek to match you with a suitable roommate, but cannot guarantee it. If we are unable, you may have to pay the Single Supplement. Please fill out information on back.

TRAVEL INSURANCE INTEREST (Please see our website): _____ Yes, please contact me _____ No, thank you

EMERGENCY CONTACTS:

1. Name/relationship _____

Phone _____ Email _____

2. Name/relationship _____

Phone _____ Email _____

David & Marija Hillis and Dance on the Water are my agents. I will hold them harmless from any damages of any nature whatsoever which may result from this transaction, whether the result of negligence or acts or defaults of any third parties. I have read and understand the "Terms & Conditions" on the DOTW website, and have been advised to obtain trip cancellation/default insurance. I understand that this trip is subject to changes in dance leader, ports, and other minor variations, which will not affect my enrollment. I also understand that there are cancellation penalties stated in "Terms & Conditions" which may be imposed by Dance on the Water and by the cruise line.

I HAVE READ THE ABOVE AND AGREE TO ITS TERMS: (Each adult passenger must sign)

1. _____ Date _____

2. _____ Date _____

TOTAL NUMBER OF PASSENGERS _____ X \$500 USD = \$ _____ DEPOSIT, ENCLOSED BY CHECK payable to "DANCE ON THE WATER" (Sorry, no credit card payments.)

If you'd like to send a direct deposit electronically, please contact us.

Please mail to: DANCE ON THE WATER
2147 Parker Street
Berkeley, CA 94704

Contacts: David & Marija Hillis
Phone: 510-549-0337 Fax: 510-549-0333
Email: folkdanceonthewater@gmail.com
Website: www.folkdanceonthewater.org

LOOKING FOR A ROOMMATE?

Preferred gender: _____ Male _____ Female _____ Either

What are you looking for in a roommate? _____

What should your roommate know about you? _____

Accompanying Passenger

(All information must be filled out)

1. FULL NAME on passport _____

Name (or nickname) for badge _____

Passport No. _____ Nationality _____ Date of birth _____

Place of Birth _____ Date of issue _____ Date of expiration _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK (_____) _____

CELL (_____) _____ EMAIL _____

Food preferences/allergies _____

TRAVEL INSURANCE INTEREST (Please see our website):

_____ Yes, please contact me _____ No, thank you

EMERGENCY CONTACTS:

1. Name/relationship _____

Phone _____ Email _____

2. Name/relationship _____

Phone _____ Email _____

For DOTW use:

Deposit amount \$ _____ Received _____

Final payment \$ _____ Received _____