

DANCE ON THE WATER
Ireland / Iceland August 4-18, 2024 Folk Dance Cruise
REGISTRATION FORM

FULL NAME on passport _____

Name (or nickname) for badge _____

Passport No. _____ **Nationality** _____ **DOB (mm/dd/yr)** _____

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 _____

(See "Cabins and Prices" on our website, and indicate the cabin category(s) you prefer – D, C1 or C2.)

Check here if you want a cabin as a SINGLE occupant. [] (But please see "Cabins and 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. 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"

_____ **CREDIT CARD:** (circle) VISA MC # _____ Exp Date _____

3-digit security code on back _____

(If name on credit card and billing address are different than those stated at top of page, please so indicate.)

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

Contacts: David & Marija Hillis
Phone: 510-872-5066 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** _____ **DOB (mm/dd/yr)** _____

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 _____