



Please fill in the form as complete as possible and send it to:

EVENTTOURS
Postbus 79
6170 AB STEIN
The Netherlands

CHOIR FESTIVAL GENT 2009
Form of Registration

DATA of the Choir:

Name of the Choir:
Contactperson: M/F | Position of contactperson:
Address:
Postal Code/Residence:
Phone number: | Faxnumber:
Emailaddress: | Website:

Number of persons: Number of days: Transportation in Gent:
..... Choir members
..... Family/friends

Excursions:
O No excursions
O City Walk Gent
O Boat trip Gent
O City Walk Brugge
O Boat trip Gent
O Thursday O Friday O Saturday O Sunday
O Thursday O Friday O Saturday O Sunday
O Thursday O Friday O Saturday O Sunday
O Thursday O Friday O Saturday O Sunday

Transfer (airport - hotel v.v): Tour leader during stay: Spoken language of guides:
O yes O yes O english
O no O no O french
O spanish
O german
O other:.....

ROOM DIVISION :
O Single rooms, number:
O Double rooms, number:
O Triple rooms, number:

Music works to be judged (if already known):

1. Title: Composer:
2. Title: Composer:

!! PLEASE THINK ABOUT YOUR TRAVEL INSURANCE !!

Place: Date: Signature: