



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

EVENTTOURS
Postbus 79
6170 AB STEIN
The Netherlands

CHOIRFESTIVAL LIGNANO 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 during stay in Lignano:
Choir Members 4 days yes
Family/friends 5 days no

Excursions: THURSDAY FRIDAY SATURDAY
Daytour Venice
Tour Triest
No excursions

Transfer (airport - hotel v.v): Tour leader during stay: Spoken language of guides:
yes no
yes no
English
French
Spanish
German
Other:

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