

DANCE ON THE WATER

ENROLLMENT FORM – PORTUGAL 2011 FOLK DANCE CRUISE

NAME _____ NICKNAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

CELL _____ FAX _____ E-MAIL _____

ACCOMPANYING PASSENGERS (LIST ADDRESS & PHONE ON BACK IF DIFFERENT)

1. NAME _____ NICKNAME _____

2. NAME _____ NICKNAME _____

BOOK ME (US) IN CABIN CATEGORIES: 1st CHOICE _____ 2nd CHOICE _____ 3rd CHOICE _____ **SINGLE CABIN** _____

PLEASE ENROLL ME AS A SINGLE SEEKING A SHARE WITH ANOTHER FEMALE _____ ; MALE _____

PLEASE ENROLL ME (US) IN THE CUSTOM FOUR NIGHT PETRA EXTENSION _____

PLEASE LIST IN DETAIL WHERE YOU WISH TO FLY FROM; DATES; EXTENSIONS OR DEVIATIONS _____

ENROLL ME IN THE TRAVEL INSURANCE FOR FULL COVERAGE _____ PARTIAL(list) _____ I REJECT IT _____

LIST EMERGENCY CONTACT (name,phone,e-mail) _____

Melvin Mann & Berkeley Travel Company 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 "General Conditions" in the cruise literature, 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 which may be imposed by Berkeley Travel (\$25.00) and by the cruiseline.

EACH ADULT MUST SIGN

DATE

1. _____

2. _____

TOTAL NUMBER OF PASSENGERS _____ TIMES \$500 USD = _____ TOTAL DEPOSIT ENCLOSED

DEPOSIT EITHER BY CREDIT CARDS (INCLUDE CARD NUMBER AND EXPIRATION DATE ON BACK)

OR BY CHECK MADE PAYABLE TO "DANCE ON THE WATER" AND MAIL TO:

MEL MANN, c/o BERKELEY TRAVEL, 1145 WALNUT STREET, BERKELEY, CA 94707

Phone (510) 526-4033 FAX (510) 524-9906 E-Mail: meldancing@aol.com www.folkdanceonthewater.org

REQUEST FOR SHARE CABIN LIST (Deposit optional with this form but including deposit gains priority)

NAME _____ SEX _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (_____) _____

I would like to share a cabin on the PORTUGAL 2011 Folk Dance Cruise in the following categories (select as many as possible, the more selected, the better the chance of a share.) _____ 1 st choice _____ 2 nd choice _____ 3 rd. Include my name on the share list and send me a copy of the persons seeking a share. COMMENTS _____