Registration Form – Germany & Austria Jazz Tour, Sep 12 – 26, 2028

Make payments to: Curtis Crisp, 1789 S 140th Place Gilbert Arizona 85295

We accept payments using Zellepay.com If you choose to use Zelle, fill out form and send by attachment.

Questions? Call anytime: 480-766-1797 or email: curtiswcrisp@gmail.com
website: www.crisptours.com

To register & save your space, make a deposit of $250 per person by mailing this registration form with a check or money order. $50 per person administration fee is nonrefundable. To keep prices down, we do not accept credit cards.
Include a copy of the passport picture page for each traveler. Names on your airline tickets **must** match your passport names. Your passport must be valid for a minimum of three months beyond your scheduled return date.
November 1, 2027 - Second payment of **$4,000 per person or $8,000 per couple** total is due, half is non-refundable**.**
We will be booking airline tickets once we receive this deposit.
Half your second deposit is non-refundable after **Nov 1, 2027,** we recommend **cancellation/medical travel insurance** with USI Travel Insurance Services to protect your investment. Visit www.crisptours.com for more information.
June 1, 2028 - Total balance of **$9,850 per person or $19,700 per couple** is due with no refunds.
You will receive a confirmation.

First & Last Names for your tour badges: _____

Exact names as shown on your passport: _____

Home Address: _____

City / State: _____Zip: _____

Cell phone: _____ Secondary Phone: _____

Primary email: _____ Secondary email: _____

1st Choice International Airport & Code: _____ 2nd Choice (optional)_____

Seating choice: Check one. Aisle ____ next to partner. Window ____ next to partner. Both aisles across from each other: ____

Birthdates: (Required for airline tickets & travel insurance.) His: ____/____/____ Age___ Hers: ____/____/____ Age ____

Passport expiration dates: His: ____/____/____ Hers: ____/____/____ Passports need to be valid 3 months from return date.

Are you interested in arriving early or departing later? Yes, ___ No ___ We can usually book your flight at little or no extra cost? Do you wish to do your own air? Yes, ___ No___ Please provide a copy of your flight schedule for our records. ($1,000 credit pp)

If you are interested in cancellation & medical insurance to protect your investment after **Nov 1, 2027** when **$4,000** per person is due, get a no-obligation quote from USI Travel Insurance Services or any other travel insurance company of your choosing at any time.

If possible, we would like to travel with: _____

Amount enclosed $_____ Today's Date: ____/____/____ Please make checks out to **Curtis Crisp**

1st Person: _____ 2nd Person: _____
Signatures: I / We agree to the conditions in the brochure. We are aware of medical and cancellation insurance offers.

Once we receive your registration, we'll send you a confirmation. Call anytime if you have questions. **480-766-1797**

Special Requests: