



THE CATHEDRAL CHURCH OF
ST. MICHAEL & ALL ANGELS

The St. Cecilia Guild

608 Sutherland Avenue, Kelowna, BC V1Y 5X1

Office Phone: 250-762-3321

stceciliakelowna@gmail.com

2017 UK Choir Tour Registration Form

Tour Member Information

Full Name (Same as on Passport): _____

Mailing Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Singer or Non-Singer (Y/N) _____ Voice Part (If Applicable): _____

Flight Arrangements

Some tour members may wish to make their own flight arrangements. We highly recommend that your flight be arranged through our travel agent. If you wish to fly to the United Kingdom with the group but plan to extend your trip following the 14-day tour, arrangement for your flight (and possibly your extended travel) should be made through our travel agent. *Please bear in mind, if too many tour members choose to make their own flight arrangements, we will not receive a group discount for flights.*

Please select yes for *only* one of the following options:

- Are you flying to and from the United Kingdom with the tour group? (Y/N) _____
- Are you flying to the United Kingdom with the tour group but plan to arrange your own flight home? (Y/N) _____
- Are you arranging your own flight to and from the United Kingdom? (Y/N) _____

Medical Information

Do you have any medical conditions that may affect your participation in the tour? If so, please provide details: _____

Do you have any allergies to medication or other substances? If so, please provide details: _____

Do you take any medications that will be needed while on the tour? If so, please provide details: _____

British Columbia Personal Health Number: _____

Emergency Contact Name and Relation: _____

Emergency Contact Phone and Email: _____

Rooming Information

If you have a specific roommate request, please provide the name. Please note, roommate requests are not guaranteed. _____

Do you require a single occupancy room? Please note, single occupancy rooming situations will incur a significant fee increase. Please see the Pricing and Payment Schedule sheet for more details. (Y/N) _____