

EACH PARTICIPANT MUST COMPLETE THIS FORM.

NAME _____

ADDRESS _____

CITY _____ **ST** _____ **ZIP CODE** _____

PHONE: Mobile _____ **Home** _____

DO YOU HAVE ANY FOOD ALLERGIES OR DIETARY RESTRICTIONS?

If yes, please describe below.

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE? *If yes, please describe below.*

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____

Relationship _____

Address: _____

City _____ ST _____ Zip Code _____

Cell Phone _____ Alternate phone _____

Email _____

HOTEL:

Rooming singly _____ OR Sharing room with _____

PARTICIPANT'S SIGNATURE: _____

St. Petersburg tour January 9-12, 2025: To secure your place, \$750 is due at time of registration, it is refundable until November 1, 2024, less a \$200 administrative fee.

____ **PAYMENT HAS BEEN SUBMITTED VIA ONLINE REGISTRATION.**

____ **ENCLOSED IS MY CHECK OF \$750 TO SECURE MY PLACE (Please mail check payable to Partners for Art & Design to 1450 Madruga Avenue, Suite 201, Coral Gables, FL 33146).**

Acceptance of tour participation means that the participant has read and agrees with all the terms and conditions of the included waiver.



ST. PETERSBURG