

Registration Form

Memphis Blues Train Aug 15-19, 2019

Occupancy:	<i>(circle one)</i> Single	Double	Triple	Quad		
Room type:	Regular Room	or	Suite		Part of Group?:	Yes No
Bed type:	1 King Bed	or	2 Beds		Name of Group?:	_____
					Rqst room next to?:	_____

Guest Name: _____	Emergency Contact name:
Address: _____	Emergency Contact Phone #:
City, State, Zip: _____	
Email address: _____	
Telephone # mobile # () _____	
\$\$ Amount Paid: _____	(ck/mo #) (receipt #)
Date: _____	cash ck/mo PP QP #
_____	cash ck/mo PP QP #
_____	cash ck/mo PP QP #

Roommate Name: _____	Emergency Contact Name:
Address: _____	Emergency Contact Phone #:
City, State, Zip: _____	
Email address: _____	
Telephone # mobile () _____	
\$\$ Amount Paid: _____	(ck/mo #) (receipt #)
Date: _____	cash ck/mo PP QP #
_____	cash ck/mo PP QP #
_____	cash ck/mo PP QP #

Mailing address:	JJJ Productions, P.O. Box 198910, Chicago, IL 60619. Make checks payable to: JJJ Productions
Refund Policy:	There are no refunds. However, you may find a replacement and you can collect their funds.
Incident Waiver:	Guest agrees to travel at own risk. JJJ Productions is not liable for any injuries or property damage occurred during the trip. Travel coordinators are not responsible for items lost or stolen. Return Check Fee \$35.00. 3.5% credit card, debit card, and PayPal Goods and Services transaction fee. For 3 or 4 guests in a room, you are agreeing to share beds. Sofa Sleepers and Roll-Away Cots may not be available. Print, fill-out, sign, scan then email form to info@jjjproductions.com or fax to (773) 723-7201, or mail to mailing address above.
Guest Signature: _____	Roommate Signature: _____