

2019 STRATFORD FESTIVAL REGISTRATION FORM
Stratford, Ontario, October 18-20, 2019

(Mail form and check made payable to **“Hamilton-Gibson”** to
Larry Biddison, 27 Nichols Street, Wellsboro, PA 16901.)

NAME(S) with PASSPORT EXPIRATION DATE(S):

[PERSON 1] _____

[PERSON 2] _____

E-mail _____ **Phone** _____

Rooming with (if different last name) _____

Emergency Contact Person/Telephone: _____

Special Requests: _____

PACKAGE OPTIONS (Indicate choices by checking boxes below.)

PACKAGE “A” (DBL/TRPL OCCUPANCY / THREE PLAYS / BUS)
\$495 x _____ (number of persons) = \$ _____

PACKAGE “B” (SINGLE OCCUPANCY / THREE PLAYS / BUS)
\$643 x _____ (number of persons) = \$ _____

COMPLIMENTARY HEARING DEVICES FOR ALL 3 PLAYS

TOTAL COST OF PACKAGES \$ _____

FULL PAYMENT ENCLOSED \$ _____

DEPOSIT ENCLOSED (Number of Persons x \$125) \$ _____

NOTE BALANCE TO BE PAID BY AUGUST 12, 2019 \$ _____

(Indicate Preferred Departure Point):

Whitneyville (Benedict’s Terminal) 5:30 a.m. (Begin boarding 5 a.m.)

Mansfield (Mansfield/CVS Plaza) 5:40 a.m.

Painted Post (Former Ames Plaza) 6:20 a.m.

Full refunds will be made if HG cancels trip.

Refunds cannot be made for participant cancellations after August 10.

Participation automatically entails releasing Hamilton-Gibson from liability for personal injury.