

DUE: **FEBRUARY 15, 2010**

FLORIDA FESTIVAL TOURS  
2295 South Hiwassee Rd., Suite 301  
Orlando, FL 32835

**(Each individual must submit a minimum of \$100 along with a Registration Form)**

APPLY THIS PAYMENT TO (name of person traveling): \_\_\_\_\_

THIS PERSON IS A MEMBER OF: ( ) the PERFORMERS (traveling with the Band 12/27/10)

( ) the FOLLOWERS (traveling with the Parents 12/28/10)

( ) CHECK # \_\_\_\_\_

Amt: \$

Ck #:

( ) MONEY ORDER

Amt: \$

#:

( ) VISA ( ) MASTERCARD

AMOUNT TO BE APPLIED: \$ \_\_\_\_\_ (minimum of \$100)

NAME (as it appears on credit card) \_\_\_\_\_

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ (month / year)

CCV# \_\_\_\_\_ (last 3 digits on back)

BILLING ADDRESS \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

----- CUT ALONG THE DOTTED LINE -----

DUE: **APRIL 01, 2010**

FLORIDA FESTIVAL TOURS  
2295 South Hiwassee Rd., Suite 301  
Orlando, FL 32835

APPLY THIS PAYMENT TO (name of person traveling): \_\_\_\_\_

THIS PERSON IS A MEMBER OF: ( ) the PERFORMERS (traveling with the Band 12/27/10)

( ) the FOLLOWERS (traveling with the Parents 12/28/10)

( ) CHECK # \_\_\_\_\_

Amt: \$

Ck #:

( ) MONEY ORDER

Amt: \$

#:

( ) VISA ( ) MASTERCARD

AMOUNT TO BE APPLIED: \$ \_\_\_\_\_ (minimum of \$200)

NAME (as it appears on credit card) \_\_\_\_\_

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ (month / year)

CCV# \_\_\_\_\_ (last 3 digits on back)

BILLING ADDRESS \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

----- CUT ALONG THE DOTTED LINE -----

DUE: **MAY 15, 2010**

FLORIDA FESTIVAL TOURS  
2295 South Hiwassee Rd., Suite 301  
Orlando, FL 32835

APPLY THIS PAYMENT TO (name of person traveling): \_\_\_\_\_

THIS PERSON IS A MEMBER OF: ( ) the PERFORMERS (traveling with the Band 12/27/10)

( ) the FOLLOWERS (traveling with the Parents 12/28/10)

( ) CHECK # \_\_\_\_\_

Amt: \$

Ck #:

( ) MONEY ORDER

Amt: \$

#:

( ) VISA ( ) MASTERCARD

AMOUNT TO BE APPLIED: \$ \_\_\_\_\_ (minimum of \$300)

NAME (as it appears on credit card) \_\_\_\_\_

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ (month / year)

CCV# \_\_\_\_\_ (last 3 digits on back)

BILLING ADDRESS \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_