

San Francisco Contemporary Music Players
Santa Fe Opera Trip
July 24-27, 2007

Application

Name: _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

I/We have read the General Information, Terms, and Conditions and agree to them.

Signature: _____

Signature: _____

Single Travelers Only: ___ I wish to have single accommodations

___ I'd like to know about possible roommates

Payment:

___ I have already paid my deposit.

Here is my deposit of \$_____ (\$500 per person for ___space(s)
for the Santa Fe Opera Trip.

___ Enclosed is my check (make payable to San Francisco Contemporary Music Players)

OR: ___ Charge my ___ Visa ___ MasterCard

Credit Card #: _____ Expires: _____

Authorized Signature: _____ Date: _____

Mail completed form to San Francisco Contemporary Music Players, 55 New
Montgomery St., San Francisco, CA 94109 or **fax** 415-778-6402.

To expedite your reservation you may also call in advance with your credit card
information: (415) 278-9566. Or **email** to info@sfcmp.org.