



**Travel & Participant Information**

**Participant #1)** \_\_\_\_\_  
Name (as it appears on your passport) City of Origin/Return

\_\_\_\_\_  
Name (as you would like to be entered in tournament, if different from above)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Daytime Telephone Email  Check here to mail tickets to above address

Special Travel requests or notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participant #2)** \_\_\_\_\_  
Name (as it appears on your passport) City of Origin/Return

\_\_\_\_\_  
Name (as you would like to be entered in tournament, if different from above)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Daytime Telephone Email  Check here to mail tickets to above address

Special Travel requests or notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit and make checks payable to:

Music Maker Relief Foundation  
4052 Summer Lane  
Hillsborough, NC 27278

Contact Denise Duffy Tel. 919-643-2456 or [denise@musicmaker.org](mailto:denise@musicmaker.org)