



**Napoleon HS Band
Orlando
January 16 - January 20, 2009**

STUDENT REGISTRATION FORM

Legal First Name: _____ *Last Name:* _____

Parent / Guardian: First Name: _____ *Last Name:* _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Daytime Phone: () _____ *Evening Phone:* () _____

E-mail Address (optional): _____

Return completed and signed registration form to Mr. Jason Cunningham along with your non-refundable deposit check or money order of \$100.00

REGISTRATION DEADLINE: FEBRUARY 22, 2008

Make checks payable to NEW HORIZONS TOUR & TRAVEL

Your tour reservations may be jeopardized if payments are not received according to this payment schedule

	<u>Due Date</u>	<u>Quad</u>
Deposit	2/22/2008	\$100.00
2nd Payment	4/25/2008	\$160.00
3rd Payment	6/27/2008	\$160.00
4th Payment	8/29/2008	\$160.00
Final Payment	10/24/2008	<u>\$509.00</u>
		\$1,089.00

There is a \$35 charge for Travel Insurance, due at the time of deposit - please send a separate check for the insurance. Price subject to increase if numbers fall below minimum required. THE PER PERSON COST HAS BEEN BASED ON AN AVERAGE FLIGHT COST OF \$300. Adults & non-performers can deduct \$22.50 for Disney Workshop. There is a \$35 charge for returned checks.

CANCELLATION POLICY:

- As of 2/22/2008, \$100.00 is non-refundable.
- As of 4/25/2008, \$260.00 is non-refundable.
- As of 6/27/2008, \$420.00 is non-refundable.
- As of 8/29/2008, \$580.00 is non-refundable.
- As of 10/24/2008, \$1,089.00 is non-refundable. Or total tour cost.

Cancellation must be received in writing at 2727 Spring Arbor Rd., Jackson, MI 49203 or faxed to (517) 788-6643 by the above stated dates.

I decline the Travel Protection Plan offered by Travel Insured International (please initial in the space provided to decline). Any questions regarding insurance coverage should be directed to Travel Insured International, Inc. 800-243-3174.

As a parent or guardian, I understand and agree to the above cancellation policy. I also understand that I will be invoiced for the remaining payments.

Parent or Guardian Signature *Please Print Name* *Date*