NewHorizons Tour & Travel, Inc.

# Whitmer HS Marching Band
# Orlando
# April 09 - April 14, 2009

## ADULT REGISTRATION FORM

***Legal First Name:*** _____ ***Last Name:*** _____

***Address:*** _____

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

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

***E-mail Address (optional):*** _____

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

REGISTRATION DEADLINE: AUGUST 8, 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

***Please check room preference:*** ☐ ☐ ☐ ☐

| | Due Date | Quad | Triple | Double | Single |
|---|---|---|---|---|---|
| Deposit | 8/8/2008 | $100.00 | $100.00 | $100.00 | $100.00 |
| 2nd Payment | 10/15/2008 | $170.00 | $170.00 | $170.00 | $170.00 |
| 3rd Payment | 12/1/2008 | $170.00 | $170.00 | $170.00 | $170.00 |
| 4th Payment | 1/15/2009 | $170.00 | $170.00 | $170.00 | $170.00 |
| Final Payment | 3/1/2009 | $175.00 | $215.00 | $275.00 | $449.00 |
| | | $785.00 | $825.00 | $885.00 | $1,059.00 |

Price subject to increase if numbers fall below minimum required.

There is a $35 charge for returned checks.

**CANCELLATION POLICY:**

As of 8/8/2008, $100.00 is non-refundable and non-transferable.

As of 10/15/2008, $270.00 is non-refundable and non-transferable.

As of 12/10/2008, $440.00 is non-refundable and non-transferable.

As of 1/15/2009, $610.00 is non-refundable and non-transferable.

As of 3/1/2009, $785.00 is non-refundable and non-transferable.

***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.***

***Please see the Refund Guarantee Program (RGP) Handout. If you did not reveive a separate RGP Handout with the Registration Form please contact the director at your school. The RGP Registration Form MUST be completeed and paid for at the same time as your school's registration deadline.***

***I understand and agree to the above cancellation policy. I also understand that I will be invoiced for the remaining payments.***

***Signature*** ***Please Print Name*** ***Date***