



**Mercyhurst Prep HS Choir And Dance
Orlando
March 19 - March 23, 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. Martone along with your non-refundable deposit check or money order of \$155.00.

REGISTRATION DEADLINE: November 3rd, 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	11/3/2008	\$155.00
2nd Payment	12/1/2008	\$155.00
3rd Payment	1/15/2009	\$150.00
Final Payment	2/13/2009	<u>\$159.00</u>
		\$619.00

REFUND GUARANTEE PROGRAM CAN BE PURCHASED AT THE TIME OF DEPOSIT ~ Please complete the RGP enrollment form and attach your check/money order along with your deposit and registration form. Price subject to increase if numbers fall below minimum required.

There is a \$35 charge for returned checks.

CANCELLATION POLICY:

As of 11/3/2008, \$155.00 is non-refundable and non-transferable.

As of 12/1/2008, \$310.00 is non-refundable and non-transferable.

As of 1/15/2009, \$460.00 is non-refundable and non-transferable.

As of 2/13/2009, \$619.00 is non-refundable and non-transferable. 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.

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

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