



Warren Mott HS Marauder Music Machine

Orlando

February 11 - February 17, 2010

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. Miller along with your non-refundable deposit check or money order.

REGISTRATION DEADLINE: October 1st, 2009

Make checks payable to NEW HORIZONS TOUR & TRAVEL

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

Your account must be paid in full in order to travel.

	<u>Due Date</u>	<u>Quad</u>
Deposit	10/1/2009	\$300.00
RGP Fee	10/1/2009	\$100.00
1st Payment	11/1/2009	\$350.00
2nd Payment	12/1/2009	\$350.00
Final Payment	1/10/2010	\$435.00
		\$1,535.00

The quad occupancy tour cost is \$1435.00 + \$100.00 for RGP. To decline participation in RGP please initial the RGP box on the registration form. Changes in paying passenger count or tour components may result in tour price adjustments at any time.

Please initial here to decline participation in the REFUND GUARANTEE PROGRAM. The RGP charge will be deducted from your invoice. Your total cost above includes the RGP amount already. You must decline at the time of deposit.

Refunds are not processed until all participants in the group are paid in full. Fundraising is applied when payment is received from the school and will appear on your online account.

CANCELLATION POLICY:

There is a \$35 charge for returned checks.

As of 10/1/2009, \$300.00 is non-refundable and non-transferable.

As of 11/1/2009, \$650.00 is non-refundable and non-transferable.

As of 12/1/2009, \$1,000.00 is non-refundable and non-transferable.

As of 1/10/2010, \$1,435.00 is non-refundable and non-transferable. Or total tour cost.

All cancellations must be received in writing at 2727 Spring Arbor Rd., Jackson, MI 49203 or faxed to (517) 788-6643.

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