

NYC WITH THE CABARET - ATTENDEE DETAILS AND PAYMENT FORM
MARCH 23-MARCH 27, 2022

ATTENDEE DETAILS
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PERSON A

Full Legal Name: _____

Address: _____

City: _____

State: _____

Zip: _____

E-Mail: _____

Cell Phone: _____

Date of Birth: _____

PERSON B (If applicable)

Full Legal Name: _____

Address: _____

City: _____

State: _____

Zip: _____

E-Mail: _____

Cell Phone: _____

Date of Birth: _____

***PRINT THIS PAGE AND MAIL IN WITH PAYMENT (1 OF 2)**

PAYMENT SCHEDULE

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- Deposit of \$500 per person: Due October 15, 2021
- Full balance: Due January 15, 2022

IF PAYING BY CHECK

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Make checks out to: "Travel to Remember"
Memo: "New York 2022"

Please print **both pages** of this form and mail with your checks to:
Travel to Remember, Attn: Bob Zehr
621 Timber Mill Lane, Indianapolis, IN 46260

IF PAYING BY CARD

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To use a credit card, please complete the following.
NOTE: There will be an additional 3.5% fee charged for credit card use.

Name on Card: _____

Card Number: _____

Exp. Date: ____ / ____ CCV: _____

Address: _____

City: _____ State: _____ Zip: _____

SIGNATURE

.....

The undersigned gives permission to "TRAVEL TO REMEMBER" to charge the following amount: \$_____

Signature: _____ Date: _____

Printed Name: _____