

ATTENDEE DETAILS

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 3)**

SHOW SELECTION

.....

Please select the second show that you would like to see as part of the package. Indicate your first choice with a 1 and your second choice with a 2.

- & Juliet Harmony Tommy
- A Beautiful Noise Merrily We Roll Along Water For Elephants
- Back to the Future The Wiz

PAYMENT SCHEDULE

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- Deposit of \$500 per person due: January 15, 2024
- Full balance due: February 15, 2024

IF PAYING BY CHECK

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Make checks out to: "Travel to Remember"
Memo: "New York 2024"

Please print **all three pages** of this form and mail them 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: _____

•PRINT THIS PAGE AND MAIL IN WITH PAYMENT (2 OF 3)

SIGNATURE

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

Signature: _____ Date: _____

Printed Name: _____

***PRINT THIS PAGE AND MAIL IN WITH PAYMENT (3 OF 3)**