NYC WITH THE CABARET
APRIL 30-MAY 3, 2026

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 2)

PAYMENT SCHEDULE

- Deposit of $500 per person due: January 1, 2026
- Full balance due: February 15, 2026

IF PAYING BY CHECK

Make checks out to: “Travel to Remember”
Memo: “New York 2026”

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

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: _____

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