



**PARTICIPANT REGISTRATION FORM**

To register your child for this once-in-a-lifetime opportunity, please visit [www.nhtt.com](http://www.nhtt.com), click on the "Customer Access" tab, and under "Register For Your Trip" enter Booking I.D. **683-81826**. If you do not wish to register online you may mail the registration form below to: **NEW HORIZONS TOUR & TRAVEL, INC. – P.O. Box 828 – Northbrook, IL 60065-0828. Please keep the top portion for your records.**

The price of the tour is **\$889.00 per student**, housed in quad occupancy (four to a room, two beds); and **\$939.00 per adult**, housed in double occupancy (two to a room, two beds). We recommend that you also include the optional **REFUND GUARANTEE PROTECTION (RGP)**. The RGP option provides the opportunity to cancel the tour at any time, for any reason, and receive a full refund less the cost of the protection. The cost of the RGP option is \$85.00 and will be added to your 2<sup>nd</sup> payment invoice.

To decline participation in the RGP please initial the RGP box on the registration form or decline participation when registering online. If you do not wish to participate in RGP your total tour price is \$889.00. Please note: changes in paying passengers count or tour components may result in tour price adjustments.

To register your child for this once-in-a-lifetime opportunity, please visit [www.nhtt.com](http://www.nhtt.com) and enter **Booking I.D. 683-81826** to pay by credit card (no checks online). You may also register by sending a **\$150.00** deposit by check (payable to **New Horizons Tour & Travel, Inc.**) or Visa/MasterCard/Discover along with the completed application form to **New Horizons Tour & Travel, Inc. by May 6, 2011.**

A 2<sup>nd</sup> payment of \$150.00 (plus \$85.00 for RGP, if desired) is due by June 6, 2011.

A 3<sup>rd</sup> payment of \$200.00 is due by July 6, 2011.

A 4<sup>th</sup> payment of \$200.00 is due by August 6, 2011.

Final Payment consists of balance due, invoices will be sent with a due date of September 6, 2011.

The deposit and additional payments are required by the dates indicated in the cover letter. **Personal and/or business checks will not be accepted 28 days or less prior to the tour.** A service fee of **\$35.00** is assessed for NSF checks or stop payment checks.

**REGISTER ONLINE AND USE BOOKING I.D. 683-81826**

**VISIT [WWW.NHTT.COM](http://WWW.NHTT.COM) TO REGISTER ONLINE**

**CANCELLATION POLICY: ALL CANCELLATIONS MUST BE IN WRITING TO NEW HORIZONS TOUR & TRAVEL, INC. P.O. Box 828 Northbrook, IL 60065-0828 or faxed to 847-509-0011. The date of the postmark is the date used to determine the amount of the cancellation fee. Refunds take approximately 4-6 weeks and will be issued in the same form as payment was made.**

\* Individual cancellations, for any reason, will be subject to the following fees to be retained by New Horizons Tour & Travel, Inc.:

more than 60 days before the tour	\$85.00 (plus non-refundable vendor fees)
from 59-31 days before the tour	50% of tour cost (plus non-refundable vendor fees)
from 30 days before the tour to date of departure	100% of tour cost

\* If the director or school cancels an individual or the tour, individual cancellation fees apply.

\* If the director or school changes the tour date or destination, all monies received will be transferred to the new tour date/destination. Individual cancellations after the date/destination change will be subject to the same cancellation fees.

\*If New Horizons Tour & Travel, Inc. changes the date/destination and you feel it necessary to cancel because of the change(s), a full refund will be provided as long as a letter is received postmarked no more than 14 days after the change is announced.

**Dobyns Bennett Orchestra – Bahamas Cruise – December 29, 2011-January 2, 2012**

To register for this tour, please visit [www.nhtt.com](http://www.nhtt.com) and enter Booking I.D. **683-81826**. If you are unable to register online, please detach and return with your payment to:

**NEW HORIZONS TOUR & TRAVEL, INC. – P.O. BOX 828 – NORTHBROOK, IL 60065-0828**

Legal First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  Student Participant  Adult participant

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Card Type  Visa,  MasterCard *or*  Discover account for \$ \_\_\_\_\_.

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

*Check if desired:*  "I authorize New Horizons, Inc. to automatically debit my account for payments on future due dates."

\_\_\_\_ Please initial here to decline participation in the REFUND GUARANTEE PROGRAM. The RGP charge will not be added to your billing cycle.

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