

CABARET IN NEW YORK

September 25 – September 28, 2014

Accompanied by Shannon Forsell

Executive Director of the American Cabaret Theatre

Name(s)_ (as they appear on your government issued ID.

#1 _____

#2 _____

Address _____

City/State _____ Home Phone _____

#1 E-Mail _____ Cell _____

#2 E-Mail _____ Cell _____

#1 Date of Birth _____ #2 Date of Birth _____

Payment Schedule

Checks made out to: "Travel to Remember"

Memo: "ACT New York"

Deposit of \$500 per person – by June 15, 2014

Final Payment of balance – tbd – August 15, 2014

Please print this and mail with your checks to:

Travel to Remember, Attn: Bob Zehr

621 Timber Mill Lane, Indianapolis, IN 46260

To use a credit card, please complete the following. NOTE.. there will be a 3% fee charged in addition for credit card use.

Name on Card _____

Card Number _____ Exp. Date _____ CCV _____

Address (if different from above) _____

The undersigned gives permission to TRAVEL TO REMEMBER to charge \$ _____.

Signature

Date