

GROUP RESERVATION FORM
4 DAY NEW YORK CITY TOUR
DECEMBER 1-4, 2017

PLEASE ANSWER AND FILL OUT ALL INFORMATION

FULL NAME _____

As it appears on your photo ID that you will be using. Please send us a photo copy of your drivers license.

BIRTHDATE _____

FULL NAME _____

As it appears on your photo ID that you will be using. Please send us a photo copy of your drivers license.

BIRTHDATE _____

NAME you want on your name tags _____

Example: Robert but prefer to be called Bob

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

SPECIAL OCCASION FOR THIS TRIP?: BIRTHDAY OR ANNIVERSARY _____

DEPOSIT AMOUNT DUE NOW (BY CHECK) \$800 per person

FINAL PAYMENT DUE (BY CHECK): SEPTMEBER 1, 2017

****It is nonrefundable unless we are able to resell your space or travel insurance will cover your trip****

Trip insurance is highly recommended

ACCOMMODATIONS DESIRED

\$2,570

\$2,675

\$2,895

\$3,545

HOTEL ROOM: QUAD _____; TRIPLE _____; DOUBLE _____; SINGLE _____

ROOMMATE NAME(S) _____

****DUE TO THE ACTIVITY OF THIS TOUR, IT IS IMPORTANT THAT YOU ARE ABLE TO BE SELF AMBULATORY****

DEPARTURE CITY: _____

FREQUENT FLYER DELTA SKY MILE # _____

SIGNED _____ DATE _____

MAIL THIS FORM WITH YOUR DEPOSIT PAYABLE TO
TRAVEL WORLD OF CROSBY

PO BOX 124

CROSBY, ND 58730

Call 701-965-6232 OR 1-800-965-6232, or email travlwld@nccray.com