



**Milford HS Eagle Marching Band  
Walt Disney World  
April 12 - April 17, 2005**

**ADULT REGISTRATION FORM**

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**E-mail Address (optional):** \_\_\_\_\_

Return completed and signed registration form to Mr. Brian Brown along with your non-refundable deposit of \$75.00

REGISTRATION DEADLINE: JUNE 4, 2004

***Make checks payable to NEW HORIZONS TOUR & TRAVEL.***

Your tour reservations may be jeopardized if payments are not received according to this payment schedule

<b>Please check room preference:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b><u>Due Date</u></b>	<b><u>Triple</u></b>	<b><u>Double</u></b>
Deposit	6/4/2004	\$75.00	\$75.00
2nd Payment	9/10/2004	\$200.00	\$200.00
3rd Payment	12/10/2004	\$200.00	\$200.00
Final Payment	2/26/2005	<b><u>\$202.00</u></b>	<b><u>\$257.00</u></b>
		\$677.00	\$897.00

Price subject to increase if number of participants falls below 140.

There is a \$25 charge for returned checks.

**CANCELLATION POLICY:**

- As of 6/4/2004, \$75.00 is non-refundable.
- As of 9/10/2004, \$275.00 is non-refundable.
- As of 12/10/2004, \$475.00 is non-refundable.
- As of 2/26/2005, \$650.00 is non-refundable. or total tour cost

***Cancellation must be received in writing at 2727 Spring Arbor Rd., Jackson, MI 49203 or faxed to (517) 788-6643 by the above stated dates.***

***Cancellation Insurance is available at an additional fee. Please see the group leader for brochures.  
IMPORTANT - We must receive your premium within 7 days of the date we receive your initial deposit for your trip in order for the exclusion for Pre-Existing Conditions to be waived (Provided you are not disabled from travel at the time you pay your premium.) Any insurance questions should be directed to Trip Mate Insurance Agency, 800-888-7292.***

***I understand and agree to the above cancellation policy. I also understand that I will be invoiced for the remaining payments.***

\_\_\_\_\_  
**Signature** **Please Print Name** **Date**