

NEW YORK CITY



STATUE OF LIBERTY GROUND ZERO CENTRAL PARK TIMES SQUARE GREENWICH VILLAGE CHINATOWN NBC STUDIO



ELLIS ISLAND
EMPIRE STATE BUILDING
BROADWAY
ROCKEFELLER CENTER
TRUMP TOWER
SOUTH STREET SEAPORT
MACY'S AND 5TH AVE.

New York City is truly a unique city which serves as a focus of world issues, a repository for our heritages and as a city of physical beauty. This city is one which students have read about and seen pictures of from the time they first entered school. No written word, no picture can have the learning potential of actually being in New York City. The Statue of Liberty with its towering beauty, the emotional impact of Ground Zero and the World Trade Center Memorial, the glitter of Times Square, the familiarity of Rockefeller Center and the NBC Studio. These are only a few of the multitude of places to visit and sights to see in New York City.

To make reservations, complete the reservation form, detach and mail with your deposit in the envelope provided to: Classic Tours, Inc., 3900 County Road 62, Auburn, IN 46706.

Make checks payable to Classic Tours, Inc.

Your canceled check is your receipt unless one is requested.

Please read the information on cancellations and refunds (outlined on page 2)

Payments may be made at any time (\$15 returned check fee). PLEASE INCLUDE THE STUDENT'S NAME AND THE SCHOOL OR GROUP NAME WITH ANY PAYMENT OR CORRESPONDENCE.

This form may be filled out electronically and printed, but must be signed and mailed with deposit.

	(detach)
NEW YORK CITY	
PLEASE PRINT STUDENT NAME	HOME PHONE ()
ADDRESS	
CITY	STATEZIP
PARENT'S/GUARDIAN'S NAME	WORK PHONE ()
I have read and understand the paragraphs in regard	d to Classic Tours, Inc. responsibility, cancellation policy and returned check fee.
	Parent/Guardian/Adult participant signature

RETURN THIS FORM ALONG WITH YOUR CHECK OR MONEY ORDER TO CLASSIC TOURS (SEE BOTTOM FOR CREDIT CARD PAYMENT INFORMATION)

Classic Tours, Inc. of Auburn, Indiana, the Tour Operator, its agents or employees, act as agents for passengers in all matters pertaining to transportation, admissions, hotel accommodations, meal arrangements, and sightseeing. Therefore, as agents they accept no responsibility in whole or in part for any delays, change of schedule or condition caused thereby, loss of or damage to baggage or any article belonging to the passenger, injuries to person or for any expenses of any kind or nature arising from any type of service booked through Classic Tours, Inc. The Tour Operator retains the right to cancel any trip without notice and in the event of unavailability to substitute hotels in similar categories.

A final letter will be sent to each tour participant prior to departure. It will include notice of any balance due; name, address and telephone number of the hotel; general information covering luggage and dress; information regarding roommate selection; and a health information form and student responsibility agreement.

CANCELLATION POLICY

If you find it necessary to cancel a reservation you need to notify BOTH Classic Tours, Inc. and the school. Although you may cancel by calling Classic Tours, Inc., a refund will be made only after written notice of cancellation has been received. Receipt of deposit and/or reservation form initiates the cancellation policy schedule.

SCHEDULE:

- 1. Until reservation and deposit due date Lose nothing; full refund
- 2. From deposit due date until 30 days prior to departure Lose \$50 + any non-recoverable amounts.
- 3. 30 days or less prior to departure Lose \$100 + any non-recoverable amounts.

THE ABOVE SCHEDULE APPLIES TO INDIVIDUAL CANCELLATIONS MADE BY PARENTS/GUARDIAN, TRIP SPONSOR OR SCHOOL AND GROUP CANCELLATIONS MADE BY CLASSIC TOURS, THE TRIP SPONSOR OR SCHOOL.

TO PAY BY CREDIT CARD PLEASE FILL OUT THE INFORMATION BELOW	
Please print NAME	
NAMEAS IT APPEARS ON CARD	
\square BILLING ADDRESS SAME AS ON RESERVATION FORM	
IF CREDIT CARD BILLING ADDRESS IS DIFFERENT THAN REVERSE PLEASECOMPLETE ADDRESS SECTION	
BILLING ADDRESS	
CITY STATE ZIP	
CARD TYPE: WISA MASTERCARD DISCOVER	
CARD NUMBER - -	
SECURITY CODE EXPIRATION DATE / Month Year	
AMOUNT TO CHARGE	
SIGNATURE	