

Pi Beta Phi Houston Alumnae Club
ANNUAL NEW YORK CITY THEATER TRIP
 October 15-19, 2018

CANCELLATION DATES

If cancellation is received between:	Non-refundable amount per person:
4/2/18 and 6/15/18	\$250
6/16/18 and 8/17/18	\$750
8/18/18 and 9/14/18	\$1500
9/15/18 and 10/15/18	NO REFUND

An invoice will be mailed for your final payment which is due **August 17, 2018**. Trip highlights subject to change based upon hotel and theater availability.

Membership in the Pi Beta Phi Houston Alumnae Club is not required for attendance on this trip.

To confirm your reservation for **Pi Beta Phi Houston Alumnae Club New York City Annual Theater Trip, October 15-19, 2018**, please mail this form, your trip deposit of \$_____ (\$750 per person) and your Pi Beta Phi Foundation donation of \$_____ (\$50 per person) to:

Beyond Group Travel – 2909 Hillcroft Avenue, Suite 403, Houston, TX 77057

Trip deposit can be paid by check or credit card. Make deposit check payable to **Beyond Group Travel, Inc.** or enter your Visa, MasterCard or American Express information below. Pi Beta Phi Foundation donation can only be paid by check. Make donation check payable to **Houston Pi Beta Phi Foundation**.

For reservations, more information, or questions, call Beyond Group Travel at (713) 954-4825, (877) 648-1973 or email us at Info@BeyondGroupTravel.com. Fax this reservation form to (713) 360-0793.

Legal Name (as it appears on your driver's license)

(1) _____ Date of Birth: _____
Title First Middle Last

(1) Food Allergies or Intolerances: _____

(2) _____ Date of Birth: _____
Title First Middle Last

(2) Food Allergies or Intolerances: _____

Name Tag/s to read as: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Email 1: _____ Email 2: _____

Emergency Contact Information

(1) Name: _____ Relationship: _____ Phone #: _____
Please enter for Traveler (1) above.

(2) Name: _____ Relationship: _____ Phone #: _____
Please enter for Traveler (2) above.

Circle your room preference (All rooms are non-smoking):

King Two Beds

Tuesday Optional – Style Room Private Shopping Tour (\$135 per person*):

Yes No

Wednesday's Show (Circle ONE): Harry Potter and the Cursed Child (\$400.00 per person supplement) | Carousel

Thursday Optional – Flavors of Chinatown Food and Culture Walking Tour (\$85 per person*):

Yes No

I am interested in premium seating for Broadway performances*:

Yes No

*To be billed at a later date. Pricing listed above is per person.

Payment Information if using Visa, MasterCard or American Express



Deposit is \$750 per person

Name: _____ Card Number: _____
(as it appears on credit card)

Card Exp. Date: _____ Visa/MasterCard 3 digit security code: _____ AMEX 4 digit security code: _____

Billing Address: _____
(if different than above)

Signature: _____ Date: _____
(for acceptance of Terms and Conditions & Credit Card charge)