



Registration Form
2020 New York City Theatre Tour
June 10-15, 2020

ALL INFORMATION IS REQUIRED.

Please print and return a signed copy of this form for each person attending the trip. Your name must be listed as it appears on your government identification. You may be denied boarding or be subject to a revision fee if it does not.

Your Information

Name (as it appears on government identification) Date of Birth Gender

Street Address

City State ZIP

Mobile Phone Email Address

Room Accommodations (Price per Person)

Accommodation types based on availability at time of booking. Minimum of 30 travelers required for prices listed.

- 1 King bed (Room for 2) \$2,550
2 Queen beds (Room for 2) \$2,645
2 Queen beds (Room for 3) \$2,350
2 Queen beds (Room for 4) \$2,250
1 King bed (Room for 1) \$3,295

Roommate Name(s):

Special Needs/Requests:

Delta SkyMiles #:

Show Selection

LCT will provide tickets to two additional Broadway shows during the tour. Please visit www.lacrossecommunitytheatre.org/travel-lct for a full list of show options, then list your top four preferences. We will do our best to get tickets for your top two preferences.

1st Preference:

2nd Preference:

3rd Preference:

4th Preference:

(Over)

Emergency Contact Information *(Cannot be a person traveling on this tour)*

Name

Relationship

Address

City

State

ZIP

Preferred Phone

Email Address

Payment Information

A **\$175** non-refundable deposit per person is payable at the time reservations are made.

Please make checks payable to **La Crosse Community Theatre**. Final payment (by check or credit card) is due **January 31, 2020**.

_____ I paid over the phone/in person

_____ Check Enclosed

Credit Card Information

Type of Card

Card Number

Expiration Date

3-Digit Security Code

Amount

Cardholder Signature

Date

I fully understand the cancellation penalties indicated in the trip brochure and on the website.

I have verified that the name printed on this form exactly matches that on my government identification.

Signature



Please return your deposit and this form to:

La Crosse Community Theatre
428 Front Street South
La Crosse, WI 54601

If you have questions, please contact Dominique Luecke at:

608-784-9292, ext. 3

dluecke@lacrossecommunitytheatre.org