



Participant Name: _____

Participant Email: _____

Group Name: _____ Dates of Travel: _____

Name of Parent or other Financial Sponsor (if applicable): _____

Parent/Sponsor Email (if applicable): _____

Street (Apt.) _____ City _____ State _____ ZIP _____

Home Phone: _____ Mobile Phone: _____

National Concerts now offers a Full Refund Assurance Plan. Only participants in this plan can receive a full refund for any reason at any time up until 11:59 pm the day before your home departure. The only exclusions are travel or weather delays that may cause arrival delay or cancellation. The cost per person to protect NC package payments is \$50 (\$52 by Credit Card) for individual participants. The cost per person to protect NC package AND additional residency package options (only if arranged by NC) is \$80 (\$84 by Credit Card) for individual participants. Refunds must be requested in writing and will occur within two weeks of request (billing@nationalconcerts.com). Refund will be the amount of money currently held by NC on behalf of GROUP.

The undersigned participant understands and agrees to the terms outlined above:

Name: _____

**Please mail this form as well as your
payment made payable to:**

Signed: _____

National Concerts
Attn: Accounts Receivable
PO Box 220221
Brooklyn, NY 11222

Date: _____

Circle one: CHECK ENCLOSED VISA MASTERCARD AMEX

Name on Card: _____ Expiration Date: _____

Card # _____ Security Code: _____

(Back of Visa/MasterCard, front of American Express)

Signature: _____ Date: _____ Billing Zip Code: _____

