

- REGISTRATION FORM -

Dear Students & Parents - You are invited to participate in an exciting and educational trip of a lifetime!

To register, **EITHER**

TOUR NUMBER:

GROUP NAME:

1ST DEPOSIT DUE: 10/15/2017

TOUR DATES:

- Go online to www.juniortoursonline.com and fill out the information requested below. You will need your Tour Number: 18KHBKNY and a credit card (Visa, Mastercard or Discover)
- **OR** fill out this <u>form</u> and pay by <u>check</u>. Please mail completed form and deposit check to Junior Tours, c/o Tour Payments, 935 Route 34 Suite 3C, Matawan, NJ 07747. Indicate the Group Number in the memo box of your check.

DESTINATION:

TOUR PRICE:

1ST DEPOSIT:

GROUP LEADER: Brian Ketcham

New York City

\$300 per person

\$1649 per person (in quad occupancy)

based on a minimum group of 40 paying participants

Payments will not be processed until the group minimum requirement is met.

18KHBKNY

Ketcham Tour Group

May 29-June 2, 2018

3 RD DEPOSIT DUE:		3 RD DEPOSIT:	\$400 per person		
BALANCE DUE:	4/1/2018	BALANCE:	\$549 - quad occupancy \$649 - triple occupancy \$749 - double occupancy \$949 - single occupancy		
Tour Deposits if you d ☐ YES − I am interplease si ☐ NO − I am NO as descri	nt, Junior Tours offers a Deposit Precide to cancel due to illness, injusterested in purchasing the DPC. Submit a separate check for \$149 at a Tinterested in purchasing the DP libed on the reverse side of this for	ry, death in the family, rand return it with your Fo C. I understand that all Irm and all payments may	c). If purchased, you are entitled to a felocation, financial hardship or scheduling. The payments are subject to the Standard Color by the forfeited should I choose to cancel. ditions" on other side of this form for me	ancellation Policy The DPC must be	
 YOUR TOUR PACKAGE INCLUDES: Round-trip transportation Private motorcoach for all local touring Deluxe hotel accommodations Tour Escort with group 24 hours a day Breakfast, lunch and dinner each day on tour All admission fees and taxes 3 Broadway shows Night time security 		 Founded by a I Specializing exe Active member Each Tour Part A Tour Represe Liability insurar 9 out of 10 gro 	JUNIOR TOURS - THE LEADER IN STUDENT TRAVEL: • Founded by a New York City school teacher in 1967 • Specializing exclusively in overnight educational tours • Active member of the National Tour Association since 1986 • Each Tour Participant is given an Emergency Procedure Card • A Tour Representative is available 24 hours a day / 7 days a week • Liability insurance coverage • 9 out of 10 groups who travel with Junior Tours return for another tour • Junior Tours has successfully planned tours for over a half million students		
	exactly as it appears on ID: \Box		duite 🗆		
	Male 🗆 Female	•			
City:	State	Zip	Parent Cell Phone:		
Parent Email Addre	ss:				
By signing below I und	derstand and agree to the Junior ⁻	Fours Terms and Condition	ons appearing on the other side of this p	page.	
Signature of Participar	nt (if 18 or older) or Parent/Legal	Guardian Printe	d Name	Date	

- TERMS AND CONDITIONS -

<u>Tour Price</u>: The Tour Price is based upon an agreed to minimum number of full paying travelers and specific activities as set forth on the sample itinerary. Failure to reach the minimum number of paying participants and/or the addition of new activities to the Tour may necessitate an increase to final Tour Price. Junior Tours reserves the right to pass along to the Group any and all unforeseen increase in supplier cost (e.g. fuel surcharges, taxes or fees) imposed by airlines, motorcoach companies and other common carriers and/or vendors. Fees for airline checked baggage are not part of tour package and due at airport check in.

<u>General Payment Procedures:</u> Please go to <u>www.juniortoursonline.com</u> to register. If you prefer to pay by check, please mail your completed Registration Form and 1st Deposit to Junior Tours by the date indicated on the other side of this form. Only one registrant per form. Your canceled check is your receipt. There is a \$25 fee for all returned checks. A \$25 late fee will be imposed on any account more than 5 days in arrears.

Refunds & Cancellations:

<u>Standard Cancellation Policy</u>: ALL PAYMENTS ARE NON REFUNDABLE. If you choose to cancel from the Tour and can find a new replacement, your deposit can be transferred in full to the new replacement's account. Transfers can not be made to a person who is already registered for the Tour. For groups that are flying, name change fees may apply if the list of registrants has been submitted to the airlines, usually about 60 days before departure.

<u>Deposit Protection Coverage ("DPC"):</u> For a nominal additional cost you may choose to purchase the DPC which assures you a full refund, less the cost for the coverage, should you need to cancel participation on the Tour for almost any reason up until one business day before scheduled departure time. The DPC cost is in addition to the Tour Price. **It is only available for purchase at the time of registration**. Please make a separate check payable to Junior Tours in the amount indicated for the DPC on the reverse of this form. Refunds are <u>not</u> available in the unlikely event your entire Group cancels the Tour or in the event of acts of God, acts of government, epidemics, force majeure events or acts of terrorism. If you choose not to purchase this coverage you are subject to the standard cancellation and may lose all monies paid toward your Tour. All cancellation notices must be in writing and received by Junior Tours at least one business day before scheduled departure time. Notices can be mailed to Junior Tours, 935 Route 34, Suite 3C, Matawan, NJ 07747, faxed to 732-566-0216 or emailed to customerservice@juniortours.com. Eligible refunds take approximately 4 weeks to process. Returned check fees and/or late fees are not part of the refund policies and are always retained by Junior Tours.

<u>Medical History & Release:</u> You must submit to your Group Leader a complete and accurate Medical History & Release which they may send to Junior Tours. Any medical or physical conditions that chaperones should know or that may interfere with your participation on the Tour or with others on the Tour must be stated on the Form. I authorize the adults on my Tour to obtain emergency treatment as deemed necessary by medical professionals.

<u>Conduct Expected:</u> Participants are responsible for exercising sound judgment, caution and respect for people, places and things while on tour. A guideline of expected behavior is outlined in the "Rules and Regulations" as posted on our website at www.juniortours.com. Failure to comply with the Rules as set forth by the Group Leader and chaperones may result in the participant being sent home at own expense with no refund. Each Tour Participant is responsible for paying for any damage to the hotel, motorcoach or other property caused while on tour.

<u>Arbitration:</u> Any controversy or claim arising out of or relating in any way to these Terms and Conditions or any other information relating in any way to our Tour, or the Tour itself, shall be settled solely and exclusively by binding arbitration in Newark, New Jersey in accordance with the commercial rules of the American Arbitration Association then existent.

Responsibility Clause: Junior Tours, its employees, shareholders, directors, agents, (collectively "Junior Tours"), your school, group leaders, chaperones, Board of Education, (collectively, "Group Leader") does not own, operate or control any person or entity which provides goods or services for your Tour including, for example, lodging facilities, transportation companies, guides, attractions, restaurants, etc. All such persons and entities are independent contractors. As a result, neither Junior Tours nor your Group Leader is liable for any negligent or willful act on such person or entity, or of any third party.

Without limitation, neither Junior Tours nor the Group Leader is responsible for any injury, loss or damage to person or property, death, delay or inconvenience in connection with the provision of any goods or services whether occasioned by or resulting from, but not limited to, acts of force majeure, war, civil unrest, insurrection, strikes or other labor activities, criminal or terrorist activities of any kind, lost or stolen belongings, overbooking or downgrading of accommodations, mechanical or other failure of airplanes or other means of transportation or for any failure of transportation mechanism to arrive or depart timely, dangers associated with animals, sanitation problems, food poisoning, lack of quality of medical care, illness or disease, difficulty in evacuation in case of medical or other emergency, or for any other cause beyond the direct control of Junior Tours or your Group Leader.

Changes in hotels or itinerary may be made at the discretion of Junior Tours if deemed necessary or desirable. Any likeness (video or photo) taken of a Tour Participant, or any statement or comment made by a Tour Participant, may be used, published or reproduced for promotion, distribution, advertising in print or digital media by Junior Tours without compensation. Junior Tours reserves the right to decline to accept or retain any person as a member of any tour. Junior Tours reserves the right to cancel any Tour with its sole obligation to refund all monies received by it for the Tour. Junior Tours is not responsible for any lost or stolen items while on Tour.

- MEDICAL RELEASE FORM -

Participant's Name:	Date of Birth:				
Address:					
Parent/Legal Guardian:					
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Mother:	Father:				
Daytime phone:					
Evening phone:	Evening phone:				
Cell phone:	Cell phone:				
Other: Relationship to Participant:					
Daytime phone:					
Evening phone:Cell phone:					

MEDICAL INFORMATION:					
I give permission to	_ and the chaperones to administer the following to my child as needed:				
Aspirin AdvilTylenol _	Pepto Bismol Kaopectate Other:				
Medicine(s) in student's possession:					
My child is allergic to the following foods or medication:					
List any medical conditions or medical history of whichand the chaperones should be					
aware:					
Date of last tetanus shot:					
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<u> </u>	Group # Policy Number:				
	Relationship to Insured:				
telephone or otherwise, I authorize treatment for my child and authorize an	and a parent or other contact person named above cannot be reached by and the chaperones on tour to obtain medical by physician to examine my child and render such medical and/or surgical asonable judgment, may be deemed reasonably necessary for my child's				
chaperones on tour, Junior Tours and it against any and all liability arising out o personal injury; (ii) loss of, or damage to delays in transportation, arrivals, or dep	releases the respective school district, school,, the ts officers, directors, shareholders, employees and agents from and of participating in this tour, including but not limited to all claims for (i) to, any property; and (iii) damage, expense or inconveniences caused by partures, changes in schedule, the act, failure to act or negligence of any ness, weather, strikes, governmental actions or acts of god.				
Signature:	Date:				
Print Namo					