Penobscot Theatre Company Annual Weekend in NYC April 6-8, 2018

REGISTRATION FORM

(one form per traveler)

Traveler's Name			
Phone Number	(home)	(cell)	
Email Address			
Mailing Address			
Emergency Contact Name	Phone_		
Please note any allergies (materials, med			
Please note any dietary restrictions (dair	ry-free, vegetarian, food allergies, et		
Please note any other issues that may im	pact your travel experience.		
Rooming Preference:Single (\$1350) _	Double (\$1200)Triple (\$1100)	_Quad (\$1000)	
Want to Escape to Margaritaville with a	Matinee Add-on (\$150 pp)?You	bet!No, thanks.	
Check here if you have traveled with	us before and deduct \$50 if submit	ting before December 1.	
If applicable, please list the names of the	ose with whom you plan to share a ro	oom.	
Payment Information (select one):			
Payment enclosed/please c	harge me for the full trip amount		
Payment enclosed/please c the balance before January	harge me for the \$350 nonrefundably 31, 2018.	e deposit, and I will pay	
Payment Method: Check	Credit Card		
(Circle) Visa / Master Card / American	Express / Discover		
Card No.	Exp. Date	CVV	
Authorized Signature	Da	Date	