

**Penobscot Theatre Company
9th Annual Weekend in NYC
April 5-7, 2019**

**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, medications, etc.). _____

Please note any dietary restrictions (dairy-free, vegetarian, food allergies, etc.). _____

Please note any other issues that may impact your travel experience. _____

Rooming Preference: __Single (\$1,350) __Double (\$1,200) __Triple (\$1,100) __Quad (\$1,000)

___ Check if you have traveled with us before and deduct \$50 if submitting before December 1.

If applicable, please list the names of those with whom you plan to share a room.

Payment Information (select one):

___ Payment enclosed/please charge me for the full trip amount

___ Payment enclosed/please charge me for the \$350 nonrefundable deposit, and I will pay the balance before January 31, 2019.

Payment Method: ___ Check ___ Credit Card (Circle) Visa/MC/AmEx/Discover

Card No. _____ Date _____ CVV _____

Authorized Signature _____ Date _____