Please complete this entire form as soon as possible indicating which trip you are interested in and mail it back to us with your deposit. Each Passenger must complete and sign a tour reservation form and include the initial deposit as specified.

|  |
| --- |
| Tour Preferences  |
| **Southern Caribbean Cruise** | **Boston and Martha’s Vineyard** | **Ghana, Africa** |
| **Daniel, Sight & Sound Theatre** | **Niagara Falls and Toronto** | **Annual Christmas Dance** |
| **Washington D.C.** | **Philadelphia and Atlantic City** |  |
| **Riu Palace- Negril, Jamaica** | **Lobsterfeast** |  |
|  |

|  |
| --- |
| Passenger Information  |
| **Legal Name:**  |
| Street Address: | Apt #: |
| City: | State: | Zip: |
| Day Phone: | Eve. Phone: | Cell Phone: |
| Fax: | E-Mail Address: |
|  |
| **Partners Name:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Number of Adults** **(21 & over) Attending** | **Number of Children /** **Adults (21 & under) Attending** | **Child(ren) Ages** |
|  |  |  |

**All guests under the age of 21 years must be accompanied by a parent, relative or guardian 25 years or older when entering a Casino. Infants must be at least 12 months old to be eligible to travel.**

**PREFERRED PAYMENT METHODS:**  credit card, cashier’s checks, or money orders ONLY payable to STC Tours LLC, Zelle @ (646-879-5033)

**Return this form with your payment to:**

**STC Tours, LLC., PO Box 276 Bronx, New York 10475**

|  |
| --- |
| **Deposit Information** |
| **Deposit of** | **Due** |
|  |  |

**YOUR DEPOSIT IS NON-REFUNDABLE.**

**All payment must be completed by final payment date to avoid Cancellation - NO EXCEPTIONS!**

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_