



GOODSPEED MUSICALS NAMT NEW YORK TOUR

OCTOBER 23-26, 2025

I. For **land component** of the Tour Including accommodations at the Intercontinental Hotel Times Square, NY - **prices below are per person**

Standard Queen Room

☐ Queen: \$3,250 X _____ travelers = \$ _____

II. Tour Total:

\$ _____

A 50% deposit is required upon return of this form

Full payment is due September 1, 2025

III. Travel Insurance

Travel insurance is to be booked through our travel agent Elizabeth Culligan at Sundial Travel at an additional cost. For more information please email **liz@sundialtravel.net** or call **203.484.1190**



Reservations are accepted subject to the conditions set forth in the Waiver of Responsibility. I have read and agree to *Things to Know About Your Trip*, and *Waiver of Responsibility*.

Please mail booking form & waiver of responsibility to Sophia Voglino, Goodspeed Musicals, PO Box A, East Haddam, CT 06423-0281. Thank You.

Traveler 1

Name

Address Street City State/Zip

Mobile Phone Email

Traveler 2

Name

Address Street City State/Zip

Mobile Phone Email

Signatures

My check in the amount of \$ _____ is enclosed (payable to Goodspeed Musicals)

Charge \$ _____ to my credit card Card # _____

Exp. Date _____ CV Code _____