

**American Trails West**  
**92 Middle Neck Road**  
**Great Neck, NY 11021**



**(800) 645-6260**  
**NY State (516) 487-2800**  
**Fax (516) 487-2855**

[www.atwteentours.com](http://www.atwteentours.com)

[Info@atwteentours.com](mailto:Info@atwteentours.com)

Traveler's Name		Gender	Date
Home Phone	Date of Birth	School	Current Grade
Address	City	State	Zip Code
Mother's Name	Business Phone	Cell Phone	Mother's e-mail address
Father's Name	Business Phone	Cell Phone	Father's e-mail address
Traveler's e-mail address		What did you do last summer? (If camp, which one?)	

**SERIES I**

THREE WEEKS

**SERIES II**

THREE WEEKS

**SERIES I & II**

SIX WEEKS

Our tuition is all-inclusive and is based on costs of service as of August 15, 2009. Although we do not anticipate changing our published trip prices, we reserve the right to do so in the event of increased costs, including, but not limited to, air and/or motorcoach tariffs, fuel surcharges and/or increased currency exchange rates.

**PAYMENT SCHEDULE**  
 \$300 DEPOSIT UPON ENROLLMENT  
 \$1200 SUSTAINING PAYMENT DUE FEBRUARY 1, 2010  
 BALANCE PAYABLE ONLY BY CHECK OR MONEY ORDER DUE APRIL 1, 2010

**REFUND POLICY**  
 ALL MONEY PAID TO ATW WILL BE REFUNDED AS FOLLOWS:  
 LESS \$300 FOR CANCELLATION AFTER FEBRUARY 1, 2010  
 LESS \$1000 FOR CANCELLATION AFTER APRIL 1, 2010  
 LESS \$2000 FOR CANCELLATION AFTER MAY 1, 2010  
 FOR SIX WEEK PROGRAM ONLY: LESS \$3000 FOR CANCELLATION FROM JUNE 1, 2010 UNTIL DEPARTURE  
 Trip Cancellation and Interruption Protection available

It is understood by the parent or guardian that this is a supervised tour and that rules and regulations must be observed by each child. The Directors reserve the right to send home any child who does not comply with rules and regulations. In such case there will be no refund of tuition. Parents shall be responsible for all medical expenses incurred on behalf of their child. If it becomes necessary to alter the itinerary, accommodations, transportation, or tour staff in any way, such alterations may be made by the directors. The parent hereby grants permission for American Trails West to use photographs, video tapes and testimonials for promotional purposes, without recourse and without compensation.

\_\_\_\_\_  
 (Parent or Guardian)

Check     Bill my Credit Card     Visa     MasterCard     American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Name of Cardholder: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_