New Horizon Tours

Credit Card Charge Transaction/Payment

Group / Account:

Crescenta Valley High School

Walt Disney World Festival Disney

April 12-16, 2007

PLEASE PRINT - ALL INFORMATION IS REQUIRED

	3	
Student's Name:	Cardh	older or Parent Email
Exact Name on Credit Card:	1	
Address: (Must Match Billing Address)		
City	State	Zip
Billing Phone Number ()		
Card Type:		Expiration Date
Circle One VISA MASTERCA	ARD	•
Card Number:		
Card Three Digit Security Code:	Amount to * A 3% proces	Charge* \$sing fee is added to all charges
I (print cardholders name)above charge by New Horizon Tour understand and agree this is a non refundable airline ticket.	-	. •
Signature of Cardholder	•	Date
Please return this form	n along with trip re	gistration form

Please return this form along with trip registration form to your child's teacher In a sealed and secure envelope