### An invitation to join us for an amazing trip to

# **NEW YORK CITY**

# TRAVELONLY BEYOND a DREAM and HOSTED BY HENRY NEUFELD AND BILL JACKSON

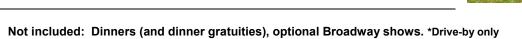
## **4-DAY TRIP**

May 1-4, 2015

#### PACKAGE INCLUDES:

- ❖ Round-trip deluxe Motorcoach transportation (from St. Catharines with optional pick-ups in Niagara Falls & Fort Erie)
- ❖ 4 Lunches / 3 Breakfasts / 3 nights' accommodation at the Marriott Residence Inn, Woodbridge, NJ (indoor pool, whirlpool, fitness room)
- ❖ Two full days of tours that include Central Park, Rockefeller Center, Times Square, Wall Street, United Nations\*, 911 Memorial, South Street Seaport, Fifth Avenue, New York City Harbour Cruise, Statue of Liberty\* views and much more!
- **❖** Tax free shopping at the Jersey Gardens Outlet Mall
- Sunday morning at Brooklyn Tabernacle Church (optional)
- ❖ All taxes, driver's and step-on guide's gratuities
- ❖ Free time to enjoy optional Broadway shows





Only \$659 CAD per person double occupancy \$640 per person triple / \$630 per person quadruple / \$759 single rate

Deposit of \$100 CAD per person at time of booking (refundable until final payment - \$25 per person cancellation fee)

Booking Deadline and Balance Due Feb 16<sup>th</sup>, 2015 (transferrable but non-refundable after Feb 16, 2015)

Limited availability!

Payable by credit card (VISA / MASTERCARD / AMERICAN EXPRESS) or Cheque payable to TRAVELONLY

Prices subject to change prior to Feb 16, 2015 if US/CAD dollar exchange rates change significantly ltinerary subject to change without notice

Please let us know if you wish a quote on Cancellation/Interruption Insurance and/or Medical Insurance

#### **VALID PASSPORTS ARE REQUIRED**



To book your trip, or for more information contact TravelOnly at: 905-641-3053 toll-free at 1-877-641-3053 or contact



Henry Neufeld at 905-685-7329 or Bill Jackson at 905-646-3893

BeyondaDream@TravelOnly.com (email) / http://BeyondaDream.TravelOnly.com (website)

#### NEW YORK CITY - MAY 2015 SIGN-UP FORM

## TO BOOK YOUR RESERVATION (IF YOU HAVE NOT TRAVELLED WITH US BEFORE) Couples complete 1 form / Single parties please complete individual forms

#### **Booking Options:**

CREDIT CARD: FAX form(s) & passport photocopy to 905-228-4001 (don't mail credit card numbers)

CHEQUE (Payable to TRAVELONLY): Mail with form(s) & passport photocopy to

TravelOnly Beyond a Dream, PO Box 20373, St. Catharines ON L2M 7W7

#### PLEASE SUBMIT PASSPORT PHOTOCOPIES (photo page) WITH THIS FORM.

If you do not have passports, please apply for them asap and submit the photocopies to us upon receipt.

Name as it appears on your Passport (Ple	ease print) 4 Usually called	$\mathcal{J}$ Birthdate (month / day / year) $\mathcal{J}$
Name as it appears on your Passport (Ple	ease print) & Usually called	∂ Birthdate (month / day / year) ∂
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Special Needs (ie. use wheelchair) / Diab	etic / Drug Allergies (please lis	st) / Food Allergies (please list) 🗸
Please cross-reference me with the follow	ring people (for travelling & ho	tel accommodations): ∅
REFERRED BY:		
Number of passengers	x \$=	(Total cost of trip)
I authorize TravelOnly Beyond a Drea	m to process the above tra	insactions to my credit card.
Credit Card #	Expiry Date	Security Code
Card Holder Name	Signature	Date
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TRAVEL INQUIRANCE VIVE IN		
TRAVEL INSURANCE: Yes □ ple  All Inclusive □ (includes Cancellation &	•	,
	associated with my travel arrange	gning below I am declining all travel insurances. I ements and will not hold <i>TravelOnly Beyond a</i> my trip.
Signature (declining insurance)		Date
If you have travel insurance coverage,	please provide the following	g information, in case of emergency:
My Out-of-Province insurance is as follow	s: All Inclusive   Medica	/ □ Policy #
Insurance Company	Ph	none Number