

# 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



Not included: Dinners (and dinner gratuities), optional Broadway shows. \*Drive-by only

**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  
Itinerary 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**

**TravelOnly**  
Your journey starts here

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)

  
**BeyondaDream**

# 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 (*Please print*) ↕ **Usually called** ↕ Birthdate (month / day / year) ↕

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Address ↕ Citizenship ↕

City & Province ↕ Postal Code ↕

Home Phone # ↕ Alternate Phone # (i.e. work or cell) ↕

E-mail Address ↕

Emergency Contact: Name ↕ Relationship ↕ Home Phone # / Alternate Phone # ↕

Special Needs (ie. use wheelchair) / Diabetic / Drug Allergies (please list) / Food Allergies (please list) ↕

Please cross-reference me with the following people (for travelling & hotel accommodations): ↕

REFERRED BY: \_\_\_\_\_

Number of passengers \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_ (Total cost of trip)

I authorize *TravelOnly Beyond a Dream* to process the above transactions to my credit card.

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Security Code \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

For credit card charges requested on a card in which the card holder is not travelling with this tour, a  
*Third Party Authorizaton Form* may be requested.

**TRAVEL INSURANCE: Yes**  please contact me with quotes for (Please check  one):

*All Inclusive*  (includes Cancellation & Medical) or *Cancellation only*  or *Medical only*

**No**  I have insurance elsewhere and do not wish to receive a quote. By signing below I am declining all travel insurances. I understand that I will assume all financial loss associated with my travel arrangements and will not hold *TravelOnly Beyond a Dream*, or their Agents responsible for any expenses incurred before or during my trip.

**Signature (declining insurance)** \_\_\_\_\_ Date \_\_\_\_\_

**If you have travel insurance coverage, please provide the following information, in case of emergency:**

My Out-of-Province insurance is as follows: *All Inclusive*  *Medical*  Policy # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_