



The English-Speaking Union National Shakespeare Competition

2016 TRAVEL ARRANGEMENTS FORM (Child Traveling with Parent/Guardian) (DUE NO LATER THAN MARCH 21, 2016)

I, _____, will deliver my child, _____, to the 2016 English-Speaking Union National Shakespeare Competition, in New York City on Sunday, May 1, 2016. I understand that, after consulting with the English-Speaking Union of the United States, I am responsible for making the travel arrangements to and from the competition for my son/daughter. I also understand that in order to be reimbursed, I must have the ticket fare approved by the ESU National Headquarters before purchase. I also understand that, once I have booked my child's travel, the ESU will not pay any fees to change these travel plans.

I agree to travel with and deliver my child to the ESU National Headquarters at 144 East 39th Street in Manhattan for registration on **Sunday, May 1, 2016 between the hours of 12:00 pm and 1:15 pm EDT.**

I also agree to one of the following pick-up options: *(Please check the appropriate box)*

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1. Pick up my child from Hostelling International-New York (891 Amsterdam Avenue) on **Monday, May 2, 2016 between 9:00 pm EST and 10:00 pm EDT.**

or

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2. Pick up my child from Hostelling International-New York (891 Amsterdam Avenue) on **Tuesday, May 3, 2016 between 7:00 am EST and 8:00 am EDT.**

Note: Room reservations are final. If you select Option 1 above, we cannot guarantee that your child will have a bed at the hostel on Monday night, May 2, 2016. If you select Option 2 *and* for any reason your child does not use the reserved bed on Monday night, you will be charged for the bed (\$72).

Signature of Parent/Guardian

Print Name

Date

Please choose one of the following options:

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Donate my child's travel cost to The English-Speaking Union of the United States to support ESU education programs, including the ESU National Shakespeare Competition. Thank you.

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Provide a reimbursement for my child's travel expenses.
For reimbursement, please complete the *Travel Reimbursement Form*.