



The English-Speaking Union National Shakespeare Competition

2017 TRAVEL AND ACCOMMODATION ARRANGEMENTS FORM
DUE TO YOUR ESU BRANCH SHAKESPEARE COORDINATOR
NO LATER THAN MARCH 15, 2017

Parent(s)/guardian(s) Contact Information

Name: _____

Email: _____

Phone: _____

Child's Travel Arrangements

(Please check the appropriate box and complete the relevant part of the form)

☐ My child will be traveling to New York alone

-OR-

☐ I will be travelling to New York with my child *(please note that the ESU will reimburse travel for the contestant only)*

If child is traveling to New York alone:

I, _____, understand that, after consulting with my local English-Speaking Union Branch Shakespeare Coordinator, I am responsible for making the travel arrangements to and from the 2017 English-Speaking Union National Shakespeare Competition for my child, _____. I also understand that in order to be reimbursed, I must have the ticket fare approved by my affiliated ESU Branch Shakespeare Coordinator before purchase. I agree for my child to travel alone to/from New York City, and I understand that, for my child to be picked up at the airport or train station by an ESU representative, the following travel conditions *must* be met:

Traveling by Plane (Sunday, April 30, 2017 and Tuesday, May 2, 2017)

My child can be picked up/dropped off at LaGuardia Airport or John F. Kennedy International Airport.

Arrival time in New York City on Sunday, April 30: 1:00pm to 4:00pm EDT.

Departure time from New York City on Tuesday, May 2: 11:00am EDT or later.

-OR-

Traveling by Train or Bus (Sunday, April 30, 2017 and Tuesday, May 2, 2017)

Train: My child can *only* be picked up/dropped off at Pennsylvania or Grand Central Stations.

Bus: My child can *only* be picked up/dropped off at the Port Authority Bus Station.

Arrival time in New York City on Sunday, April 30: 1:00pm to 4:00pm EDT.

Departure time from New York City on Tuesday May 2: 9:30am EDT or later.

I understand that if these travel conditions are not met, my child cannot be guaranteed pick up/drop off in New York City by an ESU representative. If I do not adhere to these travel conditions, I also understand that the ESU will not pay any fees to change my child's travel plans to ensure pick-up.

Signature of Parent/Guardian

Date

Print Name

Please complete the following information for your child's transportation (by plane):

Arrival Airport: _____ Arrival Airline: _____
Flight Number: _____ Arrival Time: _____

Departure Airport: _____ Departure Airline: _____
Flight Number: _____ Departure Time: _____

Please complete the following information for your child's transportation (by bus/train):

Arrival Terminal: _____ Arrival Carrier: _____
Bus/Train Number: _____ Arrival Time: _____

Departure Terminal: _____ Departure Carrier: _____
Bus/Train Number: _____ Departure Time: _____

If child is traveling with parent/guardian:

I, _____, will deliver my child, _____, to the 2017 English-Speaking Union National Shakespeare Competition, in New York City on Sunday, April 30, 2017. I understand that, after consulting with my local English-Speaking Union Branch Shakespeare Coordinator, I am responsible for making travel arrangements to and from the competition for my child. I also understand that to be reimbursed for my child's travel expenses, I must have the ticket fare approved by my ESU Branch Shakespeare Coordinator 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 Shakespeare Headquarters for registration on **Sunday, April 30, 2017 between the hours of 4:00pm and 6:00pm EDT.**

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

- ☐ Pick up my child from Hostel International-New York (891 Amsterdam Avenue) on **Monday, May 1, 2017 between 7:00pm and 10:00pm EDT.**
- ☐ Pick up my child from Hostel International-New York (891 Amsterdam Avenue) on **Tuesday, May 2, 2017 between 8:00am and 9:00am EDT.**

Signature of Parent/Guardian

Date

Print Name

Travel Reimbursement Options *(Please choose one of the following options)*

- ☐ 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!
- ☐ Provide a reimbursement for my child's travel expenses. **For reimbursement, please complete the 2017 Travel Reimbursement Form and return to your Branch Shakespeare Coordinator.**

Child's Accommodation Arrangements

Please confirm the nights your child will be staying in the hostel arranged by the ESU. Child is required to stay in the hostel Sunday night before the competition on Monday. **Room reservations are final.** If you only select Sunday night and plan to retrieve your child Monday after the competition, we cannot guarantee a bed at the hostel on Monday night. If you select Sunday and Monday night, and for any reason your child does not use the reserved bed on Monday night, you will be charged for the bed (\$70).

Please select which night(s) your child will be staying in the hostel:

- ☐ Sunday, April 30, 2017 *(required)*
- ☐ Monday, May 1, 2017

My child should lodge with the indicated gender. Please note rooms are dorm-style, all-female or all-male. For any questions regarding lodging, please contact Taylor Peterson at 212-818-1200 ext. 212.

- ☐ Female
- ☐ Male

My child has dietary restrictions:

- ☐ No
- ☐ Yes

If yes, please explain: