



# TRIP CANCELLATION PROTECTION PLAN

## INDIVIDUAL REGISTRATION FORM

This information is for MCP purposes only and will remain confidential.

PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT EMAIL: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_ DATES OF TRAVEL: \_\_\_\_\_

NAME OF PARENT OR OTHER FINANCIAL SPONSOR (if applicable): \_\_\_\_\_

PARENT/SPONSOR EMAIL (if applicable): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

STREET (APT.)

CITY

STATE

ZIP

PHONE: ( ) ( ) \_\_\_\_\_

HOME

CELL

MCP now offers our Trip Cancellation Protection Plan. Only participants in this plan can receive a full refund for any reason at any time up until 11:59 pm the day before your departure. The only exclusions are travel or weather delays that may cause arrival delay. The cost per person to protect MCP package payments is \$69 (\$72 by Credit Card) for individual participants. The cost per person to protect MCP package AND airline travel (only if arranged by MCP) is \$119 (\$122 by Credit Card) for individual participants. Refunds must be requested in writing and will occur within two weeks of request. Refund will be the amount of money currently held by MCP on behalf of GROUP or INDIVIDUAL. Our Trip Cancellation Protection Plan is managed by **Matthew Burns** who can be reached at (212) 279-1147, x30 or [mburns@mcp.us](mailto:mburns@mcp.us).

*The undersigned participant understands and agrees to the terms outlined above:*

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/FINANCIAL SPONSOR SIGNATURE (if applicable): \_\_\_\_\_ DATE: \_\_\_\_\_

Please mail this form as well as your payment made out to:  
**Manhattan Concert Productions, attn: Matthew Burns**  
236 W 30<sup>th</sup> Street, FL3 • New York, NY 10001

OR if you wish to pay by credit card, you may complete the bottom portion and scan your signed copy to [mburns@mcp.us](mailto:mburns@mcp.us) with **TCPP** in the subject line.

CIRCLE ONE:      **CHECK ENCLOSED**      **VISA**      **MASTERCARD**      **AMERICAN EXPRESS**  
\$25 fee for returned checks

NAME ON CARD: \_\_\_\_\_ CARD # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ BILLING ZIP CODE: \_\_\_\_\_  
(Back of Visa/MasterCard, front of American Express)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



manhattan  
concert  
productions

**ADDRESS**  
236 W. 30TH STREET, FL3  
NEW YORK, NY 10001

**PHONE**  
(212) or (877) 279-1147

**FAX**  
(212) 279-1145

**EMAIL**  
[info@mcp.us](mailto:info@mcp.us)

**WEB**  
[www.mcp.us](http://www.mcp.us)