

PAYMENT VOUCHER 1

SCHOOL	Ross Middle School		
DESTINATION	Washington, DC/Philadelphia, PA	DATE	Nov 7-12, 2017
TOUR COST	\$900.00 without FRP Option	\$989 with FRP Option	
TOUR ID#	34931701		
STUDENT NAME			
PARENT NAME			
PHONE			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT REMITTANCE TO:

NationsClassroom
2211 Dickens Road, Suite 204
Richmond, VA 23230



P: 877.270.1776 F: 804.303.9797 E: inspire@nationsclassroom.com

Please FOLD AND TEAR ALONG HERE

PAYMENT VOUCHER 2

SCHOOL	Ross Middle School		
DESTINATION	Washington, DC/Philadelphia, PA	DATE	Nov 7-12, 2017
TOUR COST	\$900.00 without FRP Option	\$989 with FRP Option	
TOUR ID#	34931701		
STUDENT NAME			
PARENT NAME			
PHONE			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT REMITTANCE TO:

NationsClassroom
2211 Dickens Road, Suite 204
Richmond, VA 23230



Please FOLD AND TEAR ALONG HERE

PAYMENT VOUCHER 3

SCHOOL	Ross Middle School		
DESTINATION	Washington, DC/Philadelphia, PA	DATE	Nov 7-12, 2017
TOUR COST	\$900.00 without FRP Option	\$989 with FRP Option	
TOUR ID#	34931701		
STUDENT NAME			
PARENT NAME			
PHONE			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT REMITTANCE TO:

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Richmond, VA 23230



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Payment 1 Due Date:

3/15/2017

Payment 1 Amount:

\$300.00

I choose to add the Full Refund Program to my account for an additional \$89.00 for a total of \$989.00

Payment 1 Method:

Check/Money Order
(Payable to NationsClassroom)

Credit Card
(Mastercard, Visa, Discover, AMEX)

Credit Card Number

Expiration Date

Security Code

Cardholder Signature

I hereby authorize NationsClassroom to initiate, and my financial institution to honor a charge on my credit card as indicated. This authority pertains to my credit card account number and amount noted above.

Payment 2 Due Date:

7/15/2017

Payment 2 Amount:

\$300.00

Check/Money Order
(Payable to NationsClassroom)

Credit Card
(Mastercard, Visa, Discover, AMEX)

Credit Card Number

Expiration Date

Security Code

Cardholder Signature

I hereby authorize NationsClassroom to initiate, and my financial institution to honor a charge on my credit card as indicated. This authority pertains to my credit card account number and amount noted above.

Payment 3 Due Date:

9/15/2017

Payment 3 Amount:

\$300.00

Check/Money Order
(Payable to NationsClassroom)

Credit Card
(Mastercard, Visa, Discover, AMEX)

Credit Card Number

Expiration Date

Security Code

Cardholder Signature

I hereby authorize NationsClassroom to initiate, and my financial institution to honor a charge on my credit card as indicated. This authority pertains to my credit card account number and amount noted above.