



Reservation Form (due by Fri, January 23, 2026)

Culture and Language Voyage to New Orleans

Sunday, April 12 – Sunday, April 19, 2026

**Discover the city of New Orleans and its vibrant culture,
and improve your French in a complete French immersion experience!**

Organized by *L'Alliance New York*
in collaboration with *Alliance Française of New Orleans* (the "Organizers")

Name(s) as it appears on passport _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Date of Birth (M/D/Y) _____ Nationality _____

Passport# _____

Expiration date of your passport (M/D/Y) _____

Level of French

- ☐ Complete beginner (A1.1)
- ☐ Beginner (A1/A2)
- ☐ Intermediate (B1)
- ☐ Advanced (B2 and +)
- ☐ Need a placement test prior to the study tour

TRIP OPTIONS & COSTS

Please select your study tour option:

☐ **Option #1 - All-inclusive + Hotel \$4,200 / person**

Includes round-trip economy flight to New Orleans from New York, French classes at *Alliance Française de la Nouvelle Orléans*, seven (7) nights at the *Maison St Charles Hotel*, breakfast included (lunch and dinner not included), tickets to various activities and excursions at destination, pick-up and drop-off at the destination airport and local transportation.

☐ **Option #2 - French classes + Activities + Hotel (no plane tickets included): \$3,600 / p.**

Includes French classes at *Alliance Française de la Nouvelle Orléans*, seven (7) nights at the *Maison St Charles Hotel*, breakfast included (lunch and dinner not included), tickets to various activities and excursions at destination, pick-up and drop-off at the destination airport and local transportation.

DEPOSIT

A deposit of **\$2,000** per person is required by **Fri, January 23, 2026**.

The remaining tuition amount according to your option is due by **Fri, January 30, 2026**.



PAYMENT INFORMATION

I have enclosed:

☐ The total trip cost \$ _____ for _____ participant(s)

☐ A deposit of \$ _____ for _____ participant(s)

Payment method:

☐ I have enclosed a check payable to L'Alliance New York

☐ I want to pay by credit card:

☐ Visa

☐ Mastercard

☐ American Express

Credit Card No. _____

Expiration _____

Billing Address _____

City _____

State _____

Zip _____

If paying by card, I authorize L'Alliance NY to charge the balance tuition payment if applicable to the card above on Fri, January 30, 2026.

Signature _____

Date _____



TERMS, CONDITIONS AND CANCELLATION POLICY

Travel Arrangements

Economy flights from NYC to New Orleans, transportation from and to the airport at destination, and within New Orleans for the duration of the program will be provided by the Organizers.

Responsibility

L'Alliance NY and the Organizers act only as a provider with respect to travel and shall, under no circumstances be held responsible for injury, damage, loss, accident, delays, or any unpredictable event whatsoever. Therefore, no refund or compensation will be made by L'Alliance NY or the Organizers for any damage incurred by the participant. Participants are required to purchase their own travel insurance with emergency and medical coverage.

Reservations and Cancellations

Registration form and deposit must be received by **January 23, 2026**. As space is limited, reservations will be honored in the order received. Full trip payment must be completed by **January 30, 2026**.

Cancellation requests must be submitted in writing to Guillaume Lefèvre – Pedagogical Director at glefevre@lallianceny.org.

For cancellations **before or on January 30, 2026**, a **\$500** fee per person will be deducted from the refund. Cancellations received **after January 30, 2026**, will result in **forfeiture of the full deposit amount** per person. Cancellations received **after February 13, 2026**, will result in **forfeiture of 50% of the full trip cost** per person. Cancellations received **after February 27, 2026**, will necessitate **forfeiture of the full trip cost** per person.

By signing and returning this *Reservation Form*, you acknowledge that you have read and agreed to the terms and conditions as indicated. You specifically waive any claims of action against L'Alliance NY, its Board of Directors, its staff, and its representatives, as well as against the Organizers in case of any loss of property, accident, or injury in connection with this program.

Signature _____

Date _____

Please return this form with deposit payment no later than Friday January 23, 2026 to:

Guillaume Lefèvre

L'Alliance New York

22 East 60th Street, New York, New York, 10022

glefevre@lallianceny.org