

PANAMA CANAL CRUISE

January 3 – 13, 2018

Deposit of \$440 per person due upon reservation and must be received by June 1, 2017. Final payment due by 10/15/2017.

PASSPORT INFORMATION:

Clearly print your name exactly as it appears on your Passport

PERSON #1

Name: _____ Passport Number: _____

Passport Expires: (month/day/year) _____ / _____ / _____

Gender: () Male () Female Date of Birth: (month/day/year) _____ / _____ / _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Email Address: _____

Do you have a United Airlines Mileage Plus Account? If so enter your Mileage Plus Number _____

Have you ever sailed with Princes Cruises before? ___ Yes ___ No Have you served in the Military? _____ Yes

PERSON #2 - SPOUSE

Name: _____ Passport Number: _____

Passport Expires: (month/day/year) _____ / _____ / _____ Gender: () Male () Female

Date Of Birth: (month/day/year) _____ / _____ / _____

Do you have a United Airlines Mileage Plus Account? If so enter your Mileage Plus Number _____

Have you ever sailed with Princes Cruises before? ___ Yes ___ No Have you served in the Military? _____ Yes

Emergency Contact: _____ Phone: _____

TOUR COST BASED ON TYPE OF CABIN YOU SELECT:

___ Inside \$2062 ___ Oceanview \$2644 ___ Balcony \$2844 ___ Mini Suite \$3229

PLEASE MAKE CHECKS PAYABLE TO: Heaven Bound Tours () Check () Credit Card M/C, Visa or Discover Only

TRAVEL INSURANCE: Travel Insurance is included with your tour cost for this trip

() Yes, I wish to keep the Travel Insurance () No, I do not want the Travel Insurance

CREDIT CARD AUTHORIZATION:

Card Holder's Name On Card: _____ Amount of Authorization: _____

Credit Card Type: () MasterCard () Visa () Discover

Credit Card Number: _____ Expiration Date: _____
M M Y Y

Security Code: _____ Cardholder Billing Address: () Check if address is the same as above

Billing Address, if different from above: Street _____

City: _____ State: _____ ZipCode: _____

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

_____ Date: _____

I agree to pay according to the card issuer agreement.

HEAVEN BOUND TOURS / 3606 Babbling Creek Dr. / Kingwood, TX 77345 / (409) 658-1528 / gary@heavenboundtours.com