

# A COUNTRY CHRISTMAS TOUR NASHVILLE, TN

## December 2 - 7, 2019

Deposit of \$400 per person due upon reservation. Reservations are made on a first come, first served basis. Final payment due by 11/02/2019.

### YOUR INFORMATION:

Clearly print your name (first/last)

First: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: ( ) Male ( ) Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

What name do you wish to be on your name tag: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**ROOMING WITH:** ( ) Check if address is the same as Passenger #1

First: \_\_\_\_\_ Last: \_\_\_\_\_

First: \_\_\_\_\_ Last: \_\_\_\_\_

**Are You A Veteran?** \_\_\_\_ **Yes** Heaven Bound Tours now offers to those who are Veterans a Discount on their tour.

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

**TRAVEL INSURANCE:** Travel Insurance **IS** included with your trip cost.

( ) Yes, I wish to keep the Travel Protection Insurance ( ) No, I do not wish to keep the Travel Protection 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: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_  
I agree to pay according to the card issuer agreement. Date: \_\_\_\_\_

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

**SPECIAL REQUEST: (Food allergies, Handicap Room, Bus Seating Preference)**