

# PAINTED CHURCHES

## April 11 – 12, 2024

Deposit of \$100 per person due when registering for tour. Final payment due by 03/01/2024. **Also add to the deposit the cost of travel insurance if purchasing insurance.**

### YOUR INFORMATION:

Clearly print your name

**NAME:** \_\_\_\_\_

Date Of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**SPOUSE NAME:** \_\_\_\_\_

Date Of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### ROOMING WITH (If Not Your Spouse)

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

**PLEASE MAKE CHECKS PAYABLE TO:** Heaven Bound Tours All Major Credit Cards Also Accepted

**TRAVEL INSURANCE:** The cost of travel insurance is not included with tour cost.

If you desire travel insurance the cost is: **\$46 per person for Double or Triple and \$76 for Single**

\_\_\_\_ Yes, I wish to purchase travel insurance \_\_\_\_ No, I do not wish to purchase the travel insurance

**If purchasing the insurance, you must add the cost of the insurance to your deposit.**

### CREDIT CARD AUTHORIZATION:

Card Holder's Name On Card: \_\_\_\_\_ Amount of Authorization: \$ \_\_\_\_\_

Credit Card Type: \_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_ American Express

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: \_\_\_\_\_

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