

# WINTER CRUISE 2025

## January 26 – February 2, 2025

**Deposit of \$750 per person due when registering for Winter Cruise. \$100 of deposit is non-refundable. Final payment due by 10/15/2024. Also add to the initial deposit the cost of travel insurance if purchasing insurance.**

### YOUR INFORMATION:

Clearly print your name as it appears on your PASSPORT. Please submit a copy of your Passport with Registration Form.

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

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

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

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

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

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

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

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

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

### ROOMING WITH (If Not Your Spouse)

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

**STATEROOM SELECTION:(please circle choice) Oceanview Balcony Oceanview Category 4D**  
**Balcony Central Park View Boardwalk View Balcony**

**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: **\$142 per person for Cat 4D; Boardwalk View Balcony and Oceanview**  
**\$172 per person for Central Park View Balcony**

\_\_\_\_ 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)**