ARK ENCOUNTER TOUR May 10 – 17, 2025

Non-Refundable Deposit of \$200 per person due when registering for tour. Final payment due by 04/1/2025. 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:	0	Dity:	State:	Zip:_	
Phone:		Cell:			
Email Address:					
Emergency Contact:		Phon	e:		
ROOMING WITH (If Not Your Sp	oouse)				
First:	Last:				
First:	Last:				
First:	Last:				
PLEASE MAKE CHECKS PAYA All Major Credit Cards Also Accep		nd Tours (3606 Babblin	ng Creek Dr Kingwood, T	X 77345)	
TRAVEL INSURANCE: The cost	of travel insurance is n	ot included with tour co	ost.		
If you desire travel insurance the	cost is: \$220 per pers	on for Double, Triple	& Quad; Single \$263		
Yes, I wish to purchase tra	avel insurance _	No, I do not wish	n to purchase the travel i	nsurance	
If purchasing the insurance, yo	u must add the cost o	of the insurance to yo	ur deposit.		
CREDIT CARD AUTHORIZATIO	N:				
Card Holder's Name On Card:	Amount of Authorization: \$_				
Credit Card Type: MasterCa	rd Visa Di	iscover America	n Express		
Credit Card Number:			Expiration Date		
Security Code:	Cardholder Billing A	Address: C	heck if address is the sar		
Billing Address, if different from a	oove: Street				
City:	State:	ZipCode: _			

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