

MELODIES OF THE DANUBE RIVER CRUISE

October 8 – 21, 2026

Deposit of \$450 per person due when registering for River Cruise. \$300 of deposit is non-refundable. Final payment due by 07/01/2026. **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: _____ **United Airlines Mileage Plus #:** _____

Date Of Birth: Month _____ Day _____ Year _____

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

Phone: _____ Cell: _____

Email Address: _____

SPOUSE NAME: _____ **United Airlines Mileage Plus #:** _____

Date Of Birth: Month _____ Day _____ Year _____

Email Address: _____ Cell: _____

Emergency Contact: _____ **Phone:** _____

ROOMING WITH (If Not Your Spouse)

First: _____ Last: _____

STATEROOM SELECTION: ___ Cat D; ___ Cat CB; ___ Cat CA; ___ Cat BB; ___ Cat BA; ___ Cat AB;
___ Cat AA; ___ Suite

LAND PACKAGE ADD ON: ___ Full Pkg Pre & Post; ___ Pre Budapest; ___ Post Prague

OPTIONAL PREMIUM DRINK PACKAGE: ___ Yes

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

If you desire travel insurance the cost is:

Cat D \$464; Cat CB \$497; Cat CA \$532; Cat BB, BA, AB, AA \$601; Suite \$674

___ 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.

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

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: _____