NEW ORLEANS
April 19 – 23, 2027

Non-Refundable Deposit of $200 per person due when registering for tour. Final payment due by 03/1/2027. 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: _____

First: _____ Last: _____

First: _____ Last: _____

PLEASE MAKE CHECKS PAYABLE TO: Heaven Bound Tours (3606 Babbling Creek Dr Kingwood, TX 77345)
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: **$220 per person for Single or Double; $181 per person for Triple or Quad**

____ 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)