

AIR 2024 TOUR REGISTRATION

Enclosed is my \$ per pers	on deposit for the	tour.
	ving completely. If Yes, pleas	s all information on file current? YES NO se fill out your name, indicate your insurance preference, sign
Name	Birthdate	Name on Name Tag
Address	City	StateZip
Email	Ce	11
Airport preference:	Interested in upg	rading? Premium Economy Business/First Class
Any medical/mobility issues?		
Roommate	Birthdate	Name on Name Tag
Emergency Contact:	Phone:	Relationship:
Hotel Preference: One Bed	Two Beds Air Seat	ing Preference: Aisle Middle Window
 covers pre-existing conditions tour's itinerary for insurance p No, I decline Deposit of \$500 per perso space, refundable until to Make check payable to Za All payments are non-refu Trip cancellation insurance Driver's license is require the United States and must office. Email <u>ztc@zachary</u> 	and must be purchased by the ricing. Yes, I am interested in n for international tours, \$ ur's final payment deadlin ACHARY TRAVEL CENT undable after the final payment ce is strongly recommended d for all domestic flights. If st be valid for six months be vtravel.com.	FER – 4257 Church St., Ste. 104, Zachary, LA 70791 ment date. 3% surcharge on credit card payments.
On the date indicated below, behalf as part of a group tour	I requested that Zachary Tra or for individual travel. I ac	r Tours and Travel Booked with Zachary Travel vel ("Agency") make one or more travel bookings on my knowledge that for any reason, these travel plans may be nem, a government entity or other third party over which the

Date:

Return this completed form with your deposit to:

Zachary Travel & Cruise Center | 4257 Church St., Ste. 104 |Zachary, LA 70791 Questions? Call 225.654.9210 or email ztc@zacharytravel.com