



## ZACHARY TRAVEL

4257 Church St., Ste. 104  
Zachary, LA 70791  
225.654.9210  
ztc@zacharytravel.com



# Mardi Gras World Celebration

 **February 4, 2027**

Enjoy a fun-filled one-day tour featuring a behind-the-scenes visit to Mardi Gras World, a hands-on mask-making experience, and a traditional New Orleans lunch. A festive day of culture, creativity, and flavor awaits-- and maybe a beignet stop on the way home!

## TOUR INCLUDES


- ✓ Deluxe Motor Coach
- ✓ Zachary Travel Guide
- ✓ Behind the Scenes Mardi Gras World Tour
- ✓ Mask Making Experience
- ✓ Included Lunch
- ✓ All Taxes and Tips, Including Guide and Driver

# \$349

per person

*\$100 per person deposit is required to save space. Final payment deadline is December 3, 2026.*

## PICKUP LOCATIONS

 Zachary  
Baton Rouge  
Gonzales

# Level 1

## Relaxed Explorers

Light activities like cafe visits and easy strolls, handles stairs and low altitudes comfortably.

Contact Us

225.654.9210

[www.zacharytravel.com](http://www.zacharytravel.com)

[ztc@zacharytravel.com](mailto:ztc@zacharytravel.com)



ONE-DAY MOTOR COACH  
TOUR REGISTRATION

Enclosed is my \$ \_\_\_\_\_ per person payment for the \_\_\_\_\_ tour.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name on Name Tag \_\_\_\_\_

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

Email \_\_\_\_\_ Cell \_\_\_\_\_

Do you wish to receive updates on our tours and services via email? YES NO

Pickup location/airport \_\_\_\_\_ Have you traveled with us before? YES NO

List all medical/mobility issues: \_\_\_\_\_

List all food/dietary restrictions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Traveling with: \_\_\_\_\_

- Full payment per person required for this one-day tour, refundable until final payment deadline.
- Make check payable to ZACHARY TRAVEL CENTER – 4257 Church St., Ste. 104, Zachary, LA 70791
- All payments are non-refundable after the final payment date. 3% surcharge on credit card payments.
- Trip cancellation insurance is available.

**IMPORTANT INFORMATION ABOUT TRAVEL INSURANCE:** We strongly recommend purchasing travel insurance to protect your trip investment. Our group policy covers pre-existing conditions and is based on your tour price. Insurance must be purchased by the final payment deadline. Contact our office or refer to your tour itinerary for pricing.

No, I decline  Yes, I am interested in purchasing  Unsure

**Responsibility and Disclaimer Statement for Tours and Travel Booked with Zachary Travel**

By signing below, I authorize Zachary Travel (“Agency”) to make travel bookings on my behalf. I acknowledge that travel plans may be interrupted or canceled by suppliers, government entities, or third parties beyond the Agency’s control. In such cases, I understand that the supplier’s cancellation, rebooking, and refund policies, as governed by applicable law, will dictate my rights, including any refund. If I choose to purchase travel insurance, coverage will depend on the policy terms. I agree to hold the Agency harmless from any liability, including monetary losses, arising from travel interruptions or cancellations for myself or anyone in my booking. This waiver applies to all future bookings with the Agency and remains on file.

Name (print full name(s)): \_\_\_\_\_

Signature: \_\_\_\_\_

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](mailto:ztc@zacharytravel.com)



**TRAVEL INSURANCE PURCHASED STATEMENT/TRAVEL INSURANCE WAIVER**

Please check the option below that applies, sign and submit. This must be done for each tour you take with our agency.

TOUR/TRIP: \_\_\_\_\_

I plan to purchase travel insurance through Zachary Travel or already have.

Name (print full name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I have purchased travel insurance through another company outside of Zachary Travel.

Name of Travel Insurance Company: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Name (print full name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby decline the trip cancellation insurance offered to me by Zachary Travel.

I understand that should I need to cancel for any covered reason, which includes medical or death for my spouse, members of my immediate family (children, grandchildren, aunts, uncles, brothers, sisters, nieces and nephews) or myself, that I could lose up to 100% of the cost of my cruise/tour/vacation package/travel arrangements and I am comfortable with taking that risk by not purchasing travel insurance.

I also understand by not purchasing travel insurance that I can lose all benefits of coverage for missed connection, travel delay, lost luggage, air ambulance for medical emergency as well as emergency medical and dental coverage. I am aware that my own medical insurance may not cover me outside of the United States.

I understand that Zachary Travel holds no responsibility in this matter, as they have advised me of the importance of such insurance. I do not expect Zachary Travel to assist me in any way in recouping these lost funds should I have to cancel my trip.

**With my signature below, I confirm that I am denying travel insurance for myself and for anyone else included in my reservation or booking:**

Name (print full name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*This form must be signed and returned in order to travel with Zachary Travel\*\***