

Tour Reservation Form
New Orleans-the Antebellum South and Home of Jazz
7 days & 6 nights
January 11 – 17, 2025

Please complete and return with deposit.

Mr/Mrs/Miss: _____ DOB: _____
(Name as it appears on ID/passport)

Address _____
_____ State _____ Zip _____

Cell Phone _____ Email _____

Mr/Mrs/Miss: _____ DOB: _____
(Name as it appears on ID/passport)

Address _____
_____ State _____ Zip _____

Cell Phone _____ Email _____

Beds: 1 king bed _____ 2 queen beds _____

Insurance: Yes _____ No _____ \$ _____ (if NO need signed waiver)

Additional Info: (i.e. diabetic, allergies, scooter etc.)

Deposit amount: \$250 per person, final payment due November 1, 2024

AGENT USE:

Deposit Payment Date: _____ Deposit \$ _____

Final Payment Date: _____ Final \$ _____ TOTAL \$ _____

Check # _____ \$ _____

Card type: _____ Card #: _____ Exp: _____ CVV: _____

Billing address: _____

(Agency will not keep card number on file)