

Passenger Payment/Authorization Form

A. Passenger Information

Passenger #1 (please enter names as shown on passport)

First	Middle			Last				
Date of Birth (Day, Month, Year)	This	Travele	er is:	Name for Nametag:				
	Male		Female					
Passport Type (USA or other)	Passport Nu	mber	Exp. Date	Special dieta	ary needs or other needs:			
Home Address Street	City			State/Zip				
Email Address:	Cell Phone N	Number	1	Emergency contact person in USA:				
Passenger #2 (please enter names as shown o	n passport)							
First	Middle			Last				
Date of Birth (Day, Month, Year)	This	Travele	er is:	Na	nme for Nametag:			
	Male		Female					
Passport Type (USA or other)	Passport Nu	mber Exp. Date		Special dietary needs or other needs:				
Home Address Street	City			State/Zip				
	,							
Email Address:	Cell Phone N	Number	:	Emergeno	cy contact person in USA:			
Booking as a single room or double room? (c	choose one)				Double Room Sharing			
Please note that for single bookings, the rate	e increases				,			
Room Request			One bed	t l	Two beds			
Roommate name (if not on the same booking	g form)							

В.	Passenger	Deposits and	d Payment Plans
----	-----------	--------------	-----------------

Please apply a \$ per person deposit to reserve our space on the tour with the credit card below
I do want to add Travel insurance for my trip, please provide a quote for this coverage
I do not wish to take Travel Insurance

Today's payment: (please use this form for future credit card payments toward your trip)

\$ Deposit Amount
\$
\$ Applied Trip Payment (if making an additional payment at this time)
\$ Total to be charged today

C. Credit Card/Payment Information

Select credit card type below:

			,,												
		VISA		N	MASTERCARD			AMEX				DISCOVER			
Enter o	card no	umber l	below	(no da	shes):										
Expiration date:				Secu	rity Co	ode:									

I acknowledge the payment schedule and trip policies outlined below, and give my consent to process payment on my attached credit card in the amount of:

\$	On this Date:
Signed by Cardholder:	

Please return completed forms to:

Healy Tours email: nichole@healytours.com

Or take a photo and text it to: 484-241-0862

Have questions?

Call Nichole Healy directly at: 484-241-0862

Mail: Healy Tours 3930 Bigal Court Bethlehem, PA 18020