

The Best of Scenic Norway

With Pastor Kurt Jacobson

Trinity Lutheran Church

August 15-24, 2008

Passport Name(s) _____

On the lines above please print your name EXACTLY as in your passport.

Address _____

City/Town _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____

E-mail _____

Passport # 1 _____ Expiration Date _____

Passport # 2 _____ Expiration Date _____

Any special needs/wishes _____

(For example, Single room, airplane seating, medical or dietary needs.)

Any special occasion _____

(For example a birthday or anniversary while we are traveling,)

My roommate will be _____

Check as appropriate: Yes, I will be traveling with the group from Minneapolis.
 No, I will not be traveling with the group & will need special flight plans.
 I would be interested in information on a 2 nt Iceland stopover on return.

A **Deposit of \$350 pp** required to secure a place on the tour. Payment is accepted by check or credit card. **Make checks payable to:** Higgins Travel & mail to **2514 Golf Road, Eau Claire, WI 54701**. For credit card payment, please complete below. **Final payment is due June 1, 2008.**

Insurance: Voluntary trip insurance at **\$210pp**. **Insurance must be paid with deposit.**

Please initial -- I/we accept insurance _____ I/we decline insurance _____

I authorize a payment of \$ _____ on my credit card for deposit.

Card type _____ Number _____ Exp ____/____

******(Please call with security code on the back of your credit card)******

Signature _____

In case of an emergency please contact:

Name _____

Address _____

Relationship _____ Phone/email _____

Higgins Travel
2514 Golf Road, Eau Claire, WI 54701
715-834-2686 or 800-274-7790
www.higginstravel.com

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