



TOUR REGISTRATION FORM

Tour Name: _____

Tour Date: _____

Travelers Names: 1- _____

2- _____

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Upon receipt, an agent will contact you for your payment information and any special needs you may have.

Have you traveled with Heartland in the past? _____

Do you wish to purchase Travel Insurance? _____

Please return this completed form to :

Heartland Tours & Travel
3214 Detco Circle
North Platte, NE 69101
308-534-3509