

Haunted Sights and Historic Nights Overnight Hotel Package Booking Form

Please complete and fax, or email this form to us.

*Check in Date: _____ Check out Date: _____

Occupancy: _____ Single _____ Double

*Tour Name: _____ *Tour Date: _____

*Subject to availability

Guest's Name(s): _____

Street Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Phone Number: _____ Cell/Bus Phone: _____

Email: _____

Please charge my payments to: (Circle) Visa or MasterCard

Account Number: _____ Expiry Date: ____/____

Signature: _____ Date: _____

Additional Notes/Requests: _____

Send completed booking form to:

Heartland International Travel & Tours
Suite 202-3111 Portage Avenue
Winnipeg, MB R3K 0W4
Fax: (204) 989-9636 Phone: (204) 989-9630 Toll Free: 1-866-890-3377
Email: info@heartlandtravel.ca



Upon receiving this completed booking form, we will contact you with confirmation, tour and payment information