

Tour: Costa Rica
Group Name: Good News Travels

Departure Date: Feb. 20, 2026
Group Number: 1208642



For Reservations Contact: Karen Noble
Good News Travels
812-243-3384
gntindiana@gmail.com

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

YOUR INFORMATION

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

ROOMING WITH

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

Please advise your departure airport for this tour: _____ Mayflower Air Writing Own Air

PAYMENT INFORMATION

Make Checks Payable To: Good News Travels
Mail Deposit To: Good News Travels
1776 Springwood Drive
Sullivan, IN 47882

Mail Final Payment To: Good News Travels
1776 Springwood Drive, Sullivan, IN 47882
****MC, VISA & DISC accepted****

Credit Card #: _____
Security Code: _____ Exp. Date: _____
Cardholder Name & Billing Address: _____

Single Twin Guaranteed Share
 One Bed Two Beds

Purchasing Travelers Protection Plan:
 Yes No

Deposit Amount: \$ 250 per person
Travel Protection Plan: \$ 399pp
Total Amount Enclosed: \$ _____
Final Payment Due By: Nov. 20, 2025