



# Reservation Form

**ALL FIELDS ARE REQUIRED.** One form per room. Guests must provide legal name as shown on Government Issued Photo ID. All cruises to any non-U.S. port will require a passport valid for at least 6 months from trip return date.

### Guest #1

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: **M or F** (circle one)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Passport Number (if applicable): \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Guest #2

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: **M or F** (circle one)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Passport Number (if applicable): \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Special Requests / Needs: \_\_\_\_\_

*All Reservation Forms must be accompanied by a deposit and a completed insurance form.*

Traveling with (Group Name) \_\_\_\_\_ Trip Date: \_\_\_\_\_

**Trip Cost and Deposit Amounts are listed on the tours advertisement.**

Cost of Trip: \$ \_\_\_\_\_ or Deposit Amount your are sending: \$ \_\_\_\_\_

Cruise Cabin Type \_\_\_\_\_

Number of people I am paying for: \_\_\_\_\_ Check enclosed in the amount of: \$ \_\_\_\_\_

*By signing below, I verify that all information provided on this form is correct, including my legal name as shown on a Government issued form of identification. I understand there may be additional fees imposed or I may not be eligible to participate in this tour if any of the above information is incorrect or results in a change. The information provided will be used for a reservation on this tour only.*

Passenger Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_