Today's	s Date:	
Tour:		Departure Date:
	Name:	CRUISES & TOURS
For Res	DRTANT: Please print your name EXACTLY as it appears on your p	Deposit Amount: \$
YOUR INFORMATION	Address: C Phone: Cell: Passport Number: Issue City, State, Country: Date of Birth: Place of Birth:	Last: Suffix: Nickname:
ROOMING WITH	Address: C Phone: Cell: Passport Number: Issue City, State, Country: Date of Birth: Place of Birth: Emergency Contact: Please provide contact information of person not traveling	
PAYMENT INFORMATION	Make Checks Payable To:  Mail Deposit To:  Mail Final Payment To:  Credit Card #:  Security Code: Exp. Date:  Cardholder Name & Billing Address:	Stateroom Category  Riviera Deck (CAT E) Riviera Deck (CAT D)  Vista Deck (CAT C) Vista Deck (CAT B)  Horizon Deck Grand Balcony Suite  Owners Suite  We will make every effort to accommodate your preference of cabin category. All cabins are on a first-come, first-serve basis.  Requested cabin # 2 <sup>nd</sup> Preference #