

Booking Form

Tropical Breezes & Ocean Waves Cruise

*Cruise Holidays
of Topeka*

Carnival Magic - Jan. 26 to Feb. 3, 2019 (sail date Jan. 27)

Passenger 1 (name <u>exactly</u> as appears on passport / drivers license) Mr Mrs Ms		Nickname / Badge name		Date of birth
Mailing Address		City	State	Zip
Phone	Alt Phone	E-Mail		
Emergency Contact Name (not traveling with you)		Ph #	Driver's License & Certified copy Birth Certificate (or)	
		Relationship	Passport Number (not required)	Expiration Date
Address:				

Passenger 2 (name <u>exactly</u> as appears on passport / drivers license) Mr Mrs Ms Miss		Nickname / Badge name		Date of birth
Mailing Address		City	State	Zip
Phone	Alt Phone	E-Mail		
Emergency Contact Name (not traveling with you)		Ph #	DL & Certified copy Birth Certificate (or)	
		Relationship	Passport Number (not required)	Expiration Date
Address:				

Are you traveling with anyone else? Who?

Special Occasions?

Dining Preference: Group Early Late Open Bedding Preference: Twin Full Other

Special Dietary/Medical Needs? Y / N Desc.:

Stateroom Categories - per person, double occupancy (please check your choice)

<u>Inside</u>	<u>Category</u>	<u>Balcony</u>	<u>Category</u>	<u>Category</u>	<u>Category</u>
\$895.00		\$1,160.00			

Other Requests Air: Air Hotel Package when available (Y / N) Transfers:

Driving: Pre/Post Stay: Hotel:

Notes:

Please note: Single, 3rd & 4th rates, air fares and other prices are not guaranteed until booked.

<u>Payment Information</u>		<u>Booking Information</u>	
Deposit (per person) Due at Booking:..... \$300.00		Vendor Confirmation #	
Final Payment Due..... November 2, 2018		C.W. Reservation #	
Please make checks payable to: Cruise Holidays of Topeka		Group ID: 9ST6T8	
memo:..... Tropical Brezes & Ocean Waves		Cruise Holidays of Topeka 2915 Sw 29th St. Topeka, KS 66614 785-271-9889 or 800-995-0928 Cruise@CruiseXcel.com or fax 785-271-9355	
Credit Card / Check Number:	Amt. \$		
Name on Card/Check:			
Billing Addr.(if different):			
CC Exp Date & Security Code:	/ ()		

I understand that the purchase of travel insurance is optional and that \$25.00 per person is non-refundable.

I accept the terms and conditions of this group.

Signature: _____ Date: _____

