

# Group Reservation Form

Panama Canal Cruise

Cruise Dates: January 19-29, 2019 | Travel Dates: January 18-29, 2019

## PLEASE ANSWER AND FILL OUT ALL INFORMATION

FULL NAME \_\_\_\_\_

As it appears on your passport (required for this sailing). Please send us a photo copy of your passport.

Departure City: \_\_\_\_\_ Birth date: \_\_\_\_\_ Skymiles Number: \_\_\_\_\_

ROOMMATE FULL NAME \_\_\_\_\_

As it appears on your passport (required for this sailing). Please send us a photo copy of your passport.

Departure City: \_\_\_\_\_ Birth date: \_\_\_\_\_ Skymiles Number: \_\_\_\_\_

NAMES you want on your name tags: \_\_\_\_\_

(Ex: Robert but prefer to be called Bob)

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

SPECIAL OCCASION FOR THIS TRIP?: BIRTHDAY OR ANNIVERSARY \_\_\_\_\_

HOW did you hear about us and this trip? \_\_\_\_\_

**DEPOSIT AMOUNT DUE NOW \$700 per person FINAL PAYMENT DUE: OCTOBER 19, 2018**

***\*\*The deposit is refundable up until the final payment date\*\****

Accommodations Desired: Ocean View \_\_\_\_\_. Balcony \_\_\_\_\_. Mini Suite \_\_\_\_\_.

Handicap Room \_\_\_\_\_. Medical Needs or Disabilities: \_\_\_\_\_

The following pieces of information are required by the cruise line when we do your online check-in:

Credit Card # \_\_\_\_\_ *AMEX/MasterCard/VISA/Discover (circle)*

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Name on the Card: \_\_\_\_\_

Emergency Contact Person, Relationship to you, Complete Mailing Address and Phone number:

\_\_\_\_\_

\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

### MAIL THIS FORM WITH YOUR DEPOSIT PAYABLE TO

Travel World of Crosby

2061 Experiment Station Road, Suite 301-512

Watkinsville, GA 30677

Call 1-800-965-6232 or 706-510-6212, or email us at: [travel@travelworldofcrosby.com](mailto:travel@travelworldofcrosby.com)

**Steve & Ardis Joraanstad and Allen & Whitney Seigler - Escorts**