

ALASKA! BY LAND AND SEA

MAY 17-28, 2021



PERSONAL INFORMATION

Please complete one form per person. **PLEASE PRINT.**

NAME: _____

EXACTLY AS IT APPEARS ON YOUR PASSPORT

GENDER: (PLEASE CIRCLE) MALE FEMALE DATE OF BIRTH (MM/DD/YEAR): _____

FAMILIAR/NICKNAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____
W/ AREA CODE W/ AREA CODE

EMAIL ADDRESS: _____

TRAVEL DOCUMENTATION

PASSPORT #: _____ ISSUE DATE (MM/DD/YEAR): _____

ISSUING COUNTRY: _____ EXPIRATION DATE (MM/DD/YEAR): _____

All passengers must carry a passport **valid for at least six months (November 29, 2021)** beyond the return date of the trip. A **passport card** is **NOT** acceptable for this trip.

TSA PRE-CHECK #: (IF APPLICABLE) _____

EMERGENCY CONTACT

NAME: _____ RELATION: _____

PHONE (WITH AREA CODE): _____

CRUISE INFORMATION

CABIN PREFERENCE: ___ C2 Concierge Stateroom ___ 2A Veranda Stateroom ___ 5 Ocean View Stateroom ___ 10 Inside

ROOMMATE'S NAME: _____

BED CONFIGURATION: ___ (2) TWIN BEDS ___ (1) QUEEN-SIZE BED

DIETARY NEEDS: ___ VEGETARIAN ___ GLUTEN FREE ___ DIABETIC ___ OTHER

DINING PREFERENCE : ___ EARLY (6:00 PM) ___ LATE (8:30 PM) ___ CELEBRITY SELECT

GROUP IS CONFIRMED FOR EARLY DINING.

IF CHOOSING CELEBRITY SELECT, YOU MAY DINE AT YOUR DESIRED TIME, BUT WILL NOT BE SEATED WITH THE GROUP.

EACH EVENING WILL BE AT YOUR LEISURE.

IF YOU BELONG TO CELEBRITY'S CAPTAIN'S CLUB, PLEASE INDICATE YOUR MEMBERSHIP NUMBER: _____

IF CELEBRATING AN ANNIVERSARY: (PLEASE NOTE THE DAY YOU WISH TO CELEBRATE) _____

HEALTH NEEDS (PLEASE MARK ALL THAT APPLY) WHEELCHAIR ASSISTANCE AIRPORT CPAP POC

CHOOSE TWO (2) CRUISE AMENITIES!

BOTH GUESTS IN A STATEROOM MUST CHOOSE THE SAME (2) AMENITIES.
AMENITIES ARE NOT APPLICABLE FOR 3RD AND 4TH GUESTS IN A STATEROOM.

- Classic Beverage Package
- Unlimited Internet Package
- Onboard Credit \$150 credit per person to be used for dining, spa, shore excursions & other onboard purchases

FOR OFFICE USE ONLY

Reservation #: _____

Cabin #: _____

Amount & date deposit paid to cruise line: _____

Notes: _____

OVER FOR ADDITIONAL INFORMATION

PAYMENT INFORMATION

Please make check payable to: The Murray Bank

Check #: _____

AMOUNT: _____

Travel Protection

Cruises and Tours Worldwide has purchased a Group Protection Plan on behalf of all travelers, which is provided by Travel Insured International. A copy of the Plan Document will be provided to all participants.

Cancellation Policy:

All payments are fully refundable for cancellations received by **February 5, 2021**. Cruises and Tours Worldwide has purchased a Group Protection Plan on behalf of all passengers which is provided by Travel Insured Intl. A Travel Protection claim must be filed with Travel Insured Intl. for cancellations received after **February 5, 2021**.

RESERVATIONS

PLEASE MAIL THIS FORM ALONG WITH YOUR **\$250 DEPOSIT PER PERSON**
(*\$500 PER CABIN*) TO:

The Murray Bank
Attn: Brenda Sykes
P.O. Box 1300
Murray, KY 42071
Phone: (270) 767-4252
Email: bsykes@themurraybank.com



BALANCE DUE:
FEBRUARY 5, 2021