

ALASKA! BY LAND & SEA

AUGUST 31—SEPTEMBER 11, 2020



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

TRAVEL DOCUMENTATION (A PASSPORT CARD IS NOT ACCEPTABLE FOR THIS TRIP)

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

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

Passport must be valid until March 11, 2021

CRUISE INFORMATION

CABIN PREFERENCE: ___C2 Concierge Stateroom ___2A Veranda Stateroom ___7 Ocean View ___10 Inside

ROOMMATE'S NAME: _____

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

DIETARY NEEDS: _____ VEGETARIAN _____ GLUTEN-FREE _____ DIABETIC _____ OTHER

DINING PREFERENCE : _____ EARLY(6:00PM) _____ LATE (8:30PM) _____ 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
Guests are responsible for a \$14 per person, per cruise day service charge

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 # _____

DEPOSIT DATE: _____

CK # _____

AMOUNT PAID: _____

DATE PAID _____

TO CRUISE: _____

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 **May 22, 2020**. 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 **May 22, 2020**.

RESERVATIONS

PLEASE MAIL THIS FORM ALONG WITH YOUR **\$450 DEPOSIT PER PERSON**
(*\$900 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:

MAY 22, 2020