

EQUINOX Reservation Form

Billing Procedure: Bill as: Check One -

___ Single passenger paying for own fare. EACH PERSON COMPLETES A FORM.

___ a couple/family. Complete only 1 form.

CLEARLY PRINT ALL INFO. NAMES AS ON YOUR PASSPORT. Middle names needed only if your last name is a hyphenated name. Ex- Smith-Jones

1. Legal Name _____ - _____ M or F

Address _____

City/State/Zip _____

Phone _____ Email _____

Date of Birth _____ captain's club No. _____

2. Legal Name of Roommate _____ M or F

Date of Birth _____ Email _____

Phone _____ Captain's club No _____

3. 3rd Person in Cabin _____ M or F

Date of Birth _____ Phone _____

Email _____ captain's club No. _____

4. 4th Person in Cabin _____ M or F

Date of Birth _____ Phone _____

Email _____ Captain's club No _____

LIST ANY NON U.S. CITIZENS IN YOUR PARTY _____

CABIN CAT. _____ PRICE _____ I require a wheelchair accessible cabin _____

REQUEST CABIN NEAR ORNEXT TO _____

OCEAN VIEW OR HIGHER –PICK 2 UNTIL MAY 2, THEN IT'S ONE. FOR FIRST 2 GUESTS ONLY:

_____ FREE DRINK PKG- \$455 PP VALUE

_____ ON BOARD CREDIT - \$150 PP

_____ FREE TIPS- \$102 PP VALUE

_____ FREE WIFI- \$225 VALUE

Credit card or check payable to Clearwater Travel. \$250 PP DEPOSIT PER PERSON

Charge my credit card for the amt of \$_____ Circle one: AX MC VI DS

Card No. _____

Exp .Date: _____

PRINT name clearly as it appears on card _____

SIGNATURE _____

DINING Choice - EARLY _____ LATE _____ SELECT (OPEN dining) _____

List any birthdays, anniversaries _____

I/We am medically fit to travel. Conditions such as insulin dependent diabetes, oxygen use, wheelchair or scooter use, pregnancy must be reported to the cruise line. List any conditions here: _____

I/We authorize Clearwater Travel to book my cruise.

Trip cancellation/interruption insurance is being offered to you and it is your responsibility to purchase it. FINAL PAYMENT IS DUE ON DEC 14, 2018. PENALTIES BEGIN ON JAN 6, 2019.

I/We take full responsibility for any errors or omissions.

SIGNATURE _____ Date _____

Scan or Send form and \$250 PP deposit to:

CLEARWATER TRAVEL – SUE FULLER

1910 DOLPHIN DR

BELLEAIR BLUFFS, FL 33770

QUESTIONS- sueborntotravel@aol.com or call 813 334-4626