

# MSC "SEASHORE" 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 PROVIDE ALL INFORMATION. NAMES EXACTLY AS ON YOUR PASSPORT.**

1. Legal Name \_\_\_\_\_ M or F

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Past Passenger No. \_\_\_\_\_

2. Legal Name of Roommate \_\_\_\_\_ M or F

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Past Passenger No \_\_\_\_\_

3. 3<sup>rd</sup> Person in Cabin \_\_\_\_\_ M or F

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Past Passenger No. \_\_\_\_\_

4. 4<sup>th</sup> Person in Cabin \_\_\_\_\_ M or F

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Past Passenger No \_\_\_\_\_

LIST ANY NON U.S. CITIZENS IN YOUR PARTY \_\_\_\_\_

**CABIN TYPE - INTERIOR \_\_\_\_\_ OCEAN VIEW \_\_\_\_\_ BALCONY \_\_\_\_\_**

I require a wheelchair accessible cabin \_\_\_\_\_

REQUEST CABIN NEAR ORNEXT TO \_\_\_\_\_

**Credit card or check payable to Clearwater Travel. \$199 PP DEPOSIT PER PERSON**

Charge my credit card for the amt of \$\_\_\_\_\_ Circle one: AX MC VI DS  
Card No. \_\_\_\_\_ Security code \_\_\_\_\_

Exp .Date: \_\_\_\_\_

Billing Address for credit card -  
\_\_\_\_\_  
\_\_\_\_\_

PRINT name clearly as it appears on card \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DINING Choice -

EARLY- 5:30 pm \_\_\_\_ OR LATE \_\_\_\_\_ 7:45pm

No open dining on MSC

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, and understand that **cancellation penalties begin on JANUARY 31, 2022.**

**FINAL PAYMENT DUE ON OR BEFORE JAN. 18, 2022**

Trip cancellation/interruption insurance is being offered to you and it is your responsibility to purchase it. I/We take full responsibility for any errors or omissions.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Mail, fax, or scan form and \$199 PP. deposit to:**

**CLEARWATER TRAVEL - ATT: ISLAND BREEZE GROUP  
1910 DOLPHIN DR  
BELLEAIR BLUFFS, FL 33770**

[sueborntotravel@aol.com](mailto:sueborntotravel@aol.com) or call Sue - 813 334-4626

