

Personal Touch Tours Travel Agency

CRUISE / RESERVATION FORM

(Please print information clearly Return this form with deposit to Personal Touch Tours.)

3301 Dogwood Drive Hapeville, GA 30354 Attn. Group Specialist: La Cresia Borden

Agency Phone (404) 305-9353

Group Name: _____ **Group Leader:** _____

Ship: _____ **From:** _____

Destination: _____ **Sail Date:** _____

Legal name of all passengers in cabin. (Add companion or roommate plus their name if paying separately)

1. _____ Birth date: _____ M/F _____ US Citizen (Yes/NO)

2. _____ Birth date: _____ M/F _____ US Citizen (Yes/NO)

3. _____ Birth date: _____ M/F _____ US Citizen (Yes/NO)

*Reservation Information:

- ◆ Cabin Category: _____ Number of people in cabin: _____
- ◆ I am requesting airfare from: _____ Cruise Line Transfers: Yes _____ No _____
- ◆ Trip Protection Insurance: Yes _____ No _____ (start at \$79.00) Pre Paid Gratuities: (\$12.00 per day) _____
- ◆ Dining Preference: Early _____ Late _____ Past Cruise of this Cruise line: Yes _____ No _____
- ◆ Special requests or needs: _____ (Handicap Accessible Cabin or special dietary meals)
- ◆ T - Shirt Purchased : _____ Price: S, M, L \$12 XL, XXL \$15 Size _____

Deposit Information: \$100.00 Per Person Non-Refundable and Non-transferable: Due by the 15th of the month All Major Credit Cards, Checks Money Orders are accepted for Group Travel. There will be a \$4.00 credit card fee added to total amount charged if this payment is made in the office or you can make payment on website at www.ptttravel.com with pay pal. Trip cancellation Insurance is recommended to avoid penalties for changes and cancellations in the event of sudden illness or death affecting you, your travel companion or immediate family. **FINAL PAYMENT DUE: 3 Months before cruise**

Payment Information:

ONE TIME CHARGE: _____ Monthly payment of \$ _____ on _____ of each month.
(yes or No)

Charge Amount: \$ _____

Credit Card Type and #: _____ Exp. _____

Name on Card: _____

Signature: _____

Signature of authorization to charge above amount.

Home Phone #: (_____) _____

Billing Address: _____

Address(es) to send cruise and travel documents to if different from above:

Name: _____

Name: _____

Phone #: (_____) _____

Phone #: (_____) _____

Address: _____

Address: _____

E-Mail Address: _____

Email Address: _____

All passengers must show valid proof of citizenship to board the ship in the form of a United States Pass Port or State Drivers/ID

You may save this form to your computer. Fill out form and email to
personaltouch808@bellsouth.net