

TACAMO – BERMUDA CRUISE RESERVATION FORM:

A VALID US PASSPORT IS Highly Recommended (Booking Info Below requires All Passengers Names and all Dates MATCH EXACTLY as appears on the passport! US Passport must be valid at least 6 months past travel return date!
***Orig. Birth Certificate and Valid State ID is minimum requirement to Cruise at this time/Because these requirements can CHANGE, it is best that you please make every effort to obtain A US Passport.**

LEAD PASSENGER INFORMATION:

NAME (as it appears on the passport): _____ BIRTH DATE: _____

PASSPORT NUMBER: _____ EXP. DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BEST CONTACT# TELEPHONE: (____) _____ E-MAIL ADDRESS: _____

WILL YOU BE SHARING YOUR ROOM?2nd Passenger FULL NAME: _____ BIRTH DATE: _____

PASSPORT NUMBER: _____ EXP. DATE: _____

3rd NAME: _____ BIRTH DATE: _____

PASSPORT NUMBER: _____ EXP. DATE: _____

4th NAME: _____ BIRTH DATE: _____

PASSPORT NUMBER: _____ EXP. DATE: _____

Cabin Request/Type: (Please check) Inside _____ Ocean View _____ Balcony_XXX_ Suite _____

Do You Require Adjoining Rms. _____

Accommodations: (Please check) Single _____ Double _____ Triple _____ Quad _____

Dinner Seating: (Please check) Early _____ *Group Dining 5:30 OR 8PM Late _____ OR My Time _____

ARE YOU CELEBRATING ANY SPECIAL OCCASION? NO: _____ YES: _____ (Please indicate below)**ARE THERE ANY MEDICAL OR SPECIAL NEEDS:** NO: _____ YES: _____ (Pls INDICATE IF HANDICAP Req'd)**EMERGENCY CONTACT INFO:** NAME: _____ RELATIONSHIP: _____

TELEPHONE: _____

FULL DEPOSIT \$250 Per Person is REQUIRED AT BOOKING/CABIN ASSIGNMENT**Pls. Provide** CREDIT CARD FOR DEPOSIT # _____ Exp __/____ CID _____ ZIP _____

FINAL PAYMENT (Use Same Card) Yes _____ No _____ IF NO PLS CONTACT AGENT W/FINAL PYMT CC# TIMELY

I WILL USE THIS CARD FOR SETTING UP ONBOARD ACCOUNT? Yes _____ No _____

PRE-PAID GRATUITIES (\$101.50 Per Person/payable at Final): Yes _____ No _____**PRE/POST CRUISE TRANSFERS (EWR/SHIP)** \$27.95 1 Way or \$55.90 R/Trip Per Person (w/out hotel) Yes _____ No _____**CRUISE VACATION TRAVEL INSURANCE:**

Optional travel insurance is available. Pricing is based on the total price of cabin booked. Please inquire if interested for pricing and requirements for Payment either At Deposit Or At Final Payment – Please Indicate Your preference below

____ **YES** I would like travel insurance____ **NO** I would not like travel insurance**PRE OR POST HOTEL STAYS REQ'D:** Yes _____ No _____ Pre ____/Post _____ *RENNAISSANCE NEWARK/Elizabeth NJ

*Royal Caribbean offers 1-Nt. Pre or Post stay hotel arrangements w/hotel – ship transfers inclusive \$127.94 Per Person/Per Nt.

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