

AVIANO REUNION CRUISE RESERVATION FORM

Golden Princess

Sept. 21-25, 2019

Today's Date: _____

Please enter your name exactly as it appears on your passport:

Lead Passenger Full Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (H) _____ (C) _____

DOB _____ Citizenship: _____ Email address: _____

I am a retired, active duty or military veteran: Yes No

Do you wish to insure your trip? Yes No (We strongly recommend travel insurance!)

Any special celebrations? Type: _____ Date: _____

Have you cruised with Princess before? No Yes: Captain's Circle No.: _____

Are you sailing with family in another room? No Yes: name(s) _____

Check Stateroom Type Desired: Mini-Suite Balcony Ocean View Inside

Check if you: need an Accessible Stateroom are bringing/renting a wheelchair/scooter

Do you have any other special needs/requests? distilled water for CPAP raised toilet seat

sharps container fridge for insulin wheelchair assistance at the pier

food allergy: _____ other: _____

Passengers sharing your room: (If different address and email address than yours, please provide information)

First and Last Name (match their IDs, pls.): **M or F:** **DOB:** **Phone/Email if different than above:**

(Triples/quads are subject to availability and will be quoted at the time of reservation. Use back if more space needed.)

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Account Number: _____ Expiration Date: _____

Authorization Code: (3 or 4 digit number on the back or above your account no.) _____

Name (as on card) _____ Signature: _____

Thank you! Susan Pretkus-Combs

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Combs, Catalina & Associates