NCL "ESCAPE" 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 EXACTLY AS ON YOUR PASSPORT**.

1. Legal Name _____ M or F

Address_____

City/State/Zip_____
Phone_____ Email _____
Date of Birth _____   Past Passenger No. _____

2. Legal Name of Roommate _____M or F
Date of Birth _____   Email_____
Phone _____ Past Passenger No _____

3. 3rd Person in Cabin _____M or F
Date of Birth _____   Phone _____
Email _____   Past Passenger No. _____

4. 4th Person in Cabin _____M or F
Date of Birth_____ Phone _____
Email _____Past Passenger No_____

LIST ANY NON U.S. CITIZENS IN YOUR PARTY_____

CABIN CAT. ____   PRICE_____ I require a wheelchair accessible cabin ____
REQUEST CABIN NEAR ORNEXT TO_____

*CHOOSE "FREE AT SEA" includes:
____   Beverage Pkg, specialty dining pkg, WIFI -150 minutes PP,
$50 shore excursion credit per cabin. This pkg only applies to guests 1 and 2 in the cabin.
Guests pay tips on the pkg- $152.60 drinks PP , $19.80 PP dining

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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. _____ Security code CVC _____
Exp .Date: _____

PRINT name clearly as it appears on card _____
SIGNATURE_____

 DINING Choice -   NCL FREESTYLE (OPEN dining in 2 main dining rooms) 5:30- 10 pm and many other dining options.   Freestyle is the signature dining feature of NCL

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 DEC 28, 2024.   FINAL PAYMENT DUE ON OR BEFORE DEC 16, 2024.

Trip cancellation/interruption insurance is being offered to you and it is your responsibility to purchase it. Ask for quote for your cabin category.

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

SIGNATURE _____ Date _____

Form with $250 PP deposit to: sueborntotravel@aol.com