

Please complete one form per person. Please print.

Legal Name: _____

Exactly as it appears on your passport

Male _____ Female _____

Date of Birth: _____
(month/day/year)

Familiar/nickname: _____ email: _____

Address: _____

City/State/Zip: _____

Phone Number: (home) _____ (cell) _____
With area code

Your Passport #: _____ Issue date: _____
(month/day/year)

Expiration Date: _____ Country of Citizenship: _____

Please note: Your passport must be valid for six months after the return date of the trip – May 23, 2020.

Your Roommate's Name (if applicable) _____

Cabin Category Preference: **2N** Ocean View _____ **2V** Interior _____

Bed Configuration Preference: Two beds _____ One bed _____

Dining Preference: Early Dining (approx. 6:00 p.m.) _____ Late Dining (approx. 8:30 p.m.) _____

Preferred Table Size (*cannot be guaranteed*): 4 6 8 (circle one)

Names of those with whom you would like to dine (in addition to your cabin mate): _____

Please list your Royal Caribbean Crown & Anchor Society number, if applicable: _____

If your anniversary occurs during the trip please give us the date: _____

Do you require a special diet, i.e. diabetic, vegetarian or gluten free? _____

Will you require wheelchair assistance in the airports and/or at the pier? _____

How would you like to pay for your deposit? Check _____ Credit Card _____ Visa _____ MasterCard _____ Disc _____

Credit Card #: _____ Expiration Date: _____ CVV _____

Name on the Credit Card: _____ Signature: _____

Please note: If you are paying by credit card, the \$450 per person (\$900 per cabin) deposit will be charged upon receipt of this form. Checks should be made payable to **Peoples Travel**.

Roundtrip St. Louis airport transfers will be offered at an additional cost to be determined by the actual number of tour participants. Please indicate your preferred pick-up location:

Cuba _____ or Meet at the STL Airport _____