7-NIGHT HAWAII CRUISE

SEPTEMBER 4 - 12, 2020

PERSONAL INFORMATION

Please complete one form per person. **PLEASE PRINT.**

NAME: _____
EXACTLY AS IT APPEARS ON YOUR LEGAL FORM OF TRAVEL DOCUMENTATION

GENDER: *(PLEASE CIRCLE)* MALE FEMALE **DATE OF BIRTH** *(MM/DD/YEAR)*: _____

FAMILIAR/NICKNAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____
W/ AREA CODE

CRUISE INFORMATION

CABIN PREFERENCE: _____ **BA** Balcony _____ **OK** Obstructed Ocean View _____ **IA** Inside

BED CONFIGURATION: _____ **(2) TWIN BEDS** _____ **(1) QUEEN-SIZE BED**

DIETARY NEEDS: _____ **VEGETARIAN** _____ **GLUTEN FREE** _____ **DIABETIC** _____ **OTHER**

IF YOU BELONG TO NCL'S LATITUDES PROGRAM, PLEASE INDICATE YOUR MEMBERSHIP NUMBER: _____

ANNIVERSARY: *(PLEASE NOTE THE DATE IF IT OCCURS DURING THE CRUISE)* _____

HEALTH NEEDS *(PLEASE MARK ALL THAT APPLY)* ☐ **WHEELCHAIR ASSISTANCE AIRPORT** ☐ **CPAP** ☐ **POC**

FREE AMENITIES INCLUDED!

OCEAN VIEW & BALCONY STATEROOMS

SELECT **CATEGORY A** OR **CATEGORY B**

(**ALL 4 AMENITIES INCLUDED**)

INSIDE STATEROOM

SELECT TWO (2) AMENITIES

FROM **CATEGORY C**

BOTH GUESTS IN A STATEROOM MUST SELECT THE SAME CATEGORY OR (2)AMENITIES

☐ CATEGORY A

- **PHOTO PACKAGE** *(10 PHOTOS)*
- **$50 SHORE EXCURSION CREDIT** *(PER PORT/PER CABIN)*
- **$100 ON-BOARD CREDIT** *(PER CABIN)*
- **INTERNET PACKAGE** *(250 MINUTES)*

☐ CATEGORY B

- ***HAWAII BEVERAGE PACKAGE**
- **$50 SHORE EXCURSION CREDIT** *(PER PORT/PER CABIN)*
- ***ULTIMATE DINNER PACKAGE** *(3 MEALS)*
- **INTERNET PACKAGE** *(250 MINUTES)*

**GUESTS ARE RESPONSIBLE FOR GRATUITIES*

CATEGORY C

- ☐ **$100 ON-BOARD CREDIT**
- ☐ ***HAWAII BEVERAGE PACKAGE**
- ☐ ***ULTIMATE DINNER PACKAGE**
- ☐ **$50 SHORE EXCURSION CREDIT**
- ☐ **INTERNET PACKAGE**
- ☐ **PHOTO PACKAGE**
- ☐ **$100 ON-BOARD CREDIT**

**GUESTS ARE RESPONSIBLE FOR GRATUITIES*

OVER FOR ADDITIONAL INFORMATION ⇨

RESERVATIONS

Please mail this form along with your **$500 deposit/**per person *($1000 per cabin)* to:

People Bank, Attn: Keli Mulkey
701 N. Franklin, P.O. Box H
Cuba, MO 65453

phone: (573) 885-2511

email: kmulkey@peoplesbk.com

ROUND-TRIP LOCAL AIRPORT TRANSFERS WILL BE OFFERED AT AN ADDITIONAL COST BASED UPON THE NUMBER OF TOUR PARTICIPANTS.

PLEASE INDICATE YOUR PREFERRED TRANSPORTATION

☐ **Join the group transfer to & from Cuba**

☐ **Arrange my own transportation to & from Lambert Airport**

TRAVEL DOCUMENTATION *(IF USING AS TRAVEL IDENTIFICATION)*

Passport #: _____ **Issue date** *(mm/dd/year)*: _____

Issuing country: _____ **Expiration Date** *(mm/dd/year)*: _____

Passport must be valid until November 28, 2020

PAYMENT INFORMATION

Please make check payable to: Peoples Travel **amount:** _____

Credit card type *(please circle)* **mastercard** **visa** **discover**

Card number: _____

Expiration date: _____ **security code:** _____

Name on card: _____

Please note: *your $250 per person ($500 per cabin) deposit will be charged to your card upon receipt of this form.*

signature:

BALANCE DUE:
APRIL 24, 2020

FOR OFFICE USE ONLY

Reservation #: _____ *Amount paid:* _____

Cabin # _____ *Date Paid to cruise:* _____

Deposit Date: _____ *Notes:*

CC/CK # _____