

CRUISE LINE DEPOSIT FORM
OCEANIA CRUISE LINE

Grand American
TOURS & CRUISES

Destination: Holy Lands
Group Leader: Lewis Kitzmiller
Departure Date: October 6, 2023

PLEASE PRINT CLEARLY - EACH PASSENGER MUST FILL OUT HIS/HER OWN FORM

NAME _____

(Check One) (Mr.) _____ (Mrs.) _____ (Miss) _____ (Ms.) _____

(First, Middle and Last Name. Exactly as printed on your Passport.)

There Is A Fee To Change An Incorrect Name On Documents

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____ CELL PHONE NUMBER (____) _____

DATE OF BIRTH _____ COUNTRY OF BIRTH _____

E-MAIL _____

U.S. PASSPORT NUMBER _____ ISSUING AUTHORITY _____

For example: United States Department of State (USDOS)

DATE ISSUED _____ DATE OF EXPIRATION _____ COVID Vaccine (circle) Pfizer Moderna J&J

NAME OF PERSON WITH WHOM YOU WILL BE ROOMING: _____

CRUISE CATEGORY _____ **COST \$** _____ **AMOUNT OF DEPOSIT ENCLOSED FOR CRUISE \$** _____

YOUR DEPOSIT WILL SECURE YOUR RESERVATION. THE REST OF YOUR TRIP COST IS DUE BY YOUR FINAL PAYMENT DATE.

Please check 1 perk below. Roommates must choose the same perk. Perks are only available for 1st & 2nd passengers in a cabin.

Amenities are per stateroom, double occupancy.

_____ \$600 on-board credit _____ Alcoholic Beverage Package _____ 6 Shore Excursions

AMOUNT OF INSURANCE PREMIUM ENCLOSED* \$ _____ **DATE OF INSURANCE PAYMENT** _____

TRAVEL PROTECTION IS RECOMMENDED, OPTIONAL, AND MUST BE PAID BY CHECK. PLEASE MAKE CHECKS PAYABLE TO: Grand American Tours ~ P.O. Box 50 ~ Morton, PA 19070. SEE OTHER SIDE FOR MORE INFORMATION AND PLAN RATES. Travelers cannot book a policy after they have made final trip payment. This means that once a traveler has paid for their trip in full, they will not be eligible to purchase travel insurance coverage. *INSURANCE PREMIUM IS NON-REFUNDABLE****

OPEN DINING

BED PREFERENCE

1 QUEEN BED _____ 2 LOWER BEDS _____

TRIPLES (2 Lowers, 2 Uppers) _____

SPECIAL OCCASION? BIRTHDATE _____ ANNIVERSARY DATE _____

ARE YOU A PAST PASSENGER WITH THIS CRUISE LINE? YES _____ NO _____ Oceania Club # _____

IS AIRFARE INCLUDED ON THIS RESERVATION? YES _____ NO _____

IF INCLUDED, PLEASE FILL IN DEPARTURE CITY: _____ AIRPORT: _____

EMERGENCY CONTACT NAME, RELATIONSHIP TO YOU & PHONE NUMBER: _____

If paying by check, please make check payable to Grand American Tours and mail to P.O. Box 50, Morton, PA 19070.

Name on Credit Card: _____

Address (if different from above): _____

Credit Card Number: _____

Exp. Date: _____ Security Code: _____ Amount Authorized to Charge: _____

Signature: _____ By completing and signing this form you acknowledge the amount authorized will be charged to your credit card by Grand American Tours and the travel insurance (if purchased) is non-refundable.

Cancellation Policy: Airfare, pre and post nights, and motorcoach transportation, if included, and any Grand American Tours service fees are non-refundable at the time your final payment is due to Grand American Tours. Cruise fare cancellation policy is according to the cruise line website. If you are unable to access the cruise line website, please call our office at 1-800-423-0247 for your cruise line's cancellation penalties. Insurance premium (if purchased) is non-refundable. I acknowledge that I have read and agree to the cancellation policies.

Signature _____

GRAND AMERICAN TOURS

P.O. Box 50 | Morton, PA 19070 | 1-800-423-0247 Nationwide | 610-328-4181 Local | 484-234-6170 Fax www.grandamericantours.com