RESERVATION FORM **Cruise - Hawaiian Islands**



May 31 – June 7, 2025

	Date of Bil	th	_ Gender. M F
ADDRESS			
City	State	Zip Code	
Home Phone	Work Phone	Cell	
E-Mail			
Enter spouse information if	f traveling		
Spouse Birth Date Month Are you celebrating a special	Day Occasion?	Month at occasion and Date?	Day
Type of Accommodation, che			Inside
Name of Roommate	Phone		
Address, if different			
City	Stat	e Zip Cod	e
In Case of an emergency or	accident, please contact the	e following:	
Name		Relationship	
Home Phone	Cell	Phone	
T1 :		ert.com/document/pdfs/NC	com/document/pdfs/NCL-LandingF CL-LandingPage-PLATINUM-7-
STANDARD-7-2017.html) o 2017.html. Insurance covers Yes, I wish to purchase trave	Cruise and Air. You may als	latinum(). () No, I declin	ne. If Yes, include with initial depo
STANDARD-7-2017.html) of 2017.html. Insurance covers Yes, I wish to purchase trave	Cruise and Air. You may also all protection Standard () or P	nditions of this trip. A min	ne. If Yes, include with initial dep
STANDARD-7-2017.html) of 2017.html. Insurance covers Yes, I wish to purchase travel. I have read the flyer/brochure May 15, 2024 to reserve your Ideal Trips 4 You, LLC acts of whatsoever for any injury, day	e and accept the terms and control of the balance is due by as an agent for travelers in commage, death, loss, accident of services included in this tour	nditions of this trip. A min y January 15, 2025. Innection with this itinerary or delay to persons or prope for by act of God, disaster,	ne. If Yes, include with initial depo

Mail Payments to: Ideal Trips 4 You, Post Office, Box 1913, Upper Marlboro, MD 20773 or Zelle (idealtrips4you@gmail.com)

Phone: 301-467-0528 (Loisteen) – Email: <u>Idealtrips4you@gmail.com</u>