RESERVATION FORM **Cruise - Hawaiian Islands**



May 31 – June 7, 2025

| | Date of Bir | th | _ Gender: M F | |
|--|--|--|---|--|
| ADDRESS | | | | |
| City | State | Zip Code | | |
| Home Phone | Work Phone | Cell | | |
| E-Mail | | | | |
| Enter spouse information if | 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 | te Zip Cod | le | |
| In Case of an emergency or | accident, please contact the | e following: | | |
| Name | | Relationship | | |
| Home Phone | Cel | 1 Phone | | |
| STANDARD-7-2017.html) o | r \$409 https://affinitytravelo | cert.com/document/pdfs/No so purchase your own insu | com/document/pdfs/NCL-LandingPCL-LandingPage-PLATINUM-7-rance. Inc. If Yes, include with initial depo | |
| Yes, I wish to purchase travel | | | | |
| Yes, I wish to purchase travel | and accept the terms and co | onditions of this trip. A min | | |
| Yes, I wish to purchase travel I have read the flyer/brochure May 15, 2024 to reserve your Ideal Trips 4 You, LLC acts a whatsoever for any injury, da. | e and accept the terms and co r room. The balance is due b as an agent for travelers in co mage, death, loss, accident of services included in this tour | onditions of this trip. A min by January 15, 2025 . Connection with this itinerary for delay to persons or prop or or by act of God, disaster | nimum deposit of \$300.00 is due NI y and does not assume any liability erty due to any act of the supplier o civil unrest, or any other emergence | |

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>