

LIBERTY OF THE SEAS- February 13, 2012

CATEGORY: _____ PRICE:\$ _____

NAME: _____ DATE OF BIRTH: _____ CITIZEN: _____

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Address: _____

PHONE # _____

CELL: _____

E-MAIL: _____

DINING PREFERENCE: MAIN OR SECOND OR MY TIME, LARGE OR SMALL TABLE
SPECIAL REQUESTS:

SPECIAL OCCASIONS: _____

ANY MEDICAL OR DIETARY NEEDS? _____

CROSS REFERNCE FOR DINING WITH: _____

CRUISED BEFORE? LOYALTY NUMBER? _____

Senior Citizen? Military retired or active? " Police/Fire? Resident of State _____

I authorize Cruise Elite, Inc. to charge my credit card in the amount of \$200 as deposit for the 2/13/2012 Cruise. If you do not wish to provide credit card, give us a call for deposit information. Reservation can not processed without a deposit.

Credit Card Number and Exp. date:

Name on CC:

Travel Insurance: Yes or No or Need Additional Information

Comments: