Page 2 Reservation Form: Personal Preferences and Requests

SPECIAL OCCASION_____DATE DURING CRUISE _____

CHOICE OF DINING: ____EARLY SEATING ____LATE SEATING

BED PREFERENCE: ____1 QUEEN BED___ 2 TWIN BEDS____TRIPLES (2 Twin Beds, 2 Uppers)

ARE YOU A PAST PASSENGER WITH THIS CRUISE LINE? ___YES___NO Cunard World Club #_____

ARE YOU A VETERAN? ___YES___NO *Discounts for veterans may be available. We will let you know if they are.*

IS AIRFARE INCLUDED ON THIS RESERVATION?* ___YES___NO AIRPORT:_____

FLIGHT NOTES: _____

_____

TSA/Frequent Flyer numbers, seat requests, etc. Requests are not guaranteed

EMERGENCY CONTACT NAME_____

RELATIONSHIP TO YOU_____PHONE NUMBER: (_____)_____

EMERGENCY CONTACT'S ADDRESS_____

CITY_____STATE_____ZIP_____

EMERGENCY CONTACT'S EMAIL ADDRESS_____

ADDITIONAL REQUESTS

Please let us know of any specific cabin requests, if you would like wheelchair assistance getting on/off the ship/planes, if you have a CPAP machine, if you have any dietary requirements, if you will be traveling with insulin, etc.

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TRAVEL PROTECTION IS HIGHLY RECOMMENDED. SEE TRAVEL PROTECTION FORM FOR DETAILS.

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