

MMC RESERVATION FORM

AMAWATERWAYS "ESSENCE OF BURGUNDY & PROVENCE (GENEVA TO NICE)

BOOKING # _____	CC DATE _____	\$ _____	DEP. CHECK DATE _____	DATE _____	FCC _____	PAX _____
STATEROOM _____	CATEGORY _____	AIR CITY _____	TX INSURANCE: NO YES		COV AMT _____	

RETURN COMPLETED FORM AND S & K CHECK TO : BILL ROGERS 250 MEADOWLARK COURT, MARCO ISLAND, FL. 34145

WE REQUEST A STATEROOM IN CATEGORY _____ FOR _____ PEOPLE WITH AMAWATERWAYS. IF THE CATEGORY IS NOT AVAILALE, BOOK NEXT BEST.

	PACKAGE COST	DEPOSIT PER PERSON
1. ENTER THE PER PERSON CRUISE CATEGORY COST SELECTED NON MEMBERS PLEASE INCLUDE \$100 PP SUPPLEMENT CAT COST	\$ _____	\$1200 (\$500 Credit Card Charge to AMA and \$700 Check Payable to S & K Travel.
2. OPTIONAL 3NT NICE POST (\$1245.00 P/P)	\$ _____	
3. AMA PAST CRUISE GUEST: APPLY PER PERSON DISCOUNT LIST NUMBER OF TIMES CRUISED WITH AMA _____ \$100 PP DISCOUNT ON 2 ND CRUISE, \$200 ON 3 RD CRUISE, \$100 PLUS 1 CAT UPGRADE ON 4 TH CRUISE (NOT APPLICABLE TO SUITE)	\$ _____	
4. OPTIONAL TRAVEL INSURANCE POLICY Traveler 360 GROUP TRAVEL INS. POLICY Premium – pp. The premiums are in the ins flyer. Premiums refundable up to 90 days before departure. Refer to Travel Ins section of flyer for information and disclaimers.	\$ _____	
5. OPTIONAL MMC MIAMI PIER BUS \$80 estimated cost Per Person Including Drivers Gratuities Bus Funds Refundable up to 90 Days before Departure.	\$ _____	
6. EACH PASSENGERS TOTAL COST	\$ _____	
7. ENTER NUMBER OF PEOPLE REQUESTING RESERVATIONS	_____	
8. TOTAL COST FOR ALL PASSENGERS Guest who have been on AMA previously and have a future Cruise Credit, amount will be credited to final payment.	\$ _____	

THE \$1200 PER PERSON DEPOSIT CANNOT ALL BE PAID WITH CREDIT CARD---DEPOSIT REQUIRES SPLIT PAYMENTS---\$500 per person WITH CREDIT CARD AND \$700pp WITH CHECK.
DEAR MMC: ENCLOSING CHECK PAYABLE TO S AND K TRAVEL IN AMOUNT OF \$ _____ FOR _____ PEOPLE PAYING THE \$700 PER PERSON DEPOSIT REQUIRED BY CHECK. IN ADDITION, I AUTHORIZE CHARGING MY _____ (TYPE) CREDIT CARD IN NAME OF _____

NUMBER _____ EXP. DATE _____ SECURITY # _____ A \$500 PER PERSON AMA DEPOSIT ON DATE STATEROOM CONFIRMED. THE CHECK AND CREDIT CARD PAYS THE \$1200 PP DEPOSIT. I APPROVE MMC CHARGING AMA MY CARD THE FINAL CRUISE BALANCE DUE IN FULL, NOT TO EXCEED TOTAL CRUISE AND AIR COST CLOSE TO JULY 18, 2023.
SIGNATURE NAME ON CARD _____

1. _____	2. _____	YES _____	NO _____
PRINT NAME LISTED ON PASSPORT	PRINT NAME LISTED ON PASSPORT	USA CITIZENS	
PASSPORT NUMBER/EXP. DATE	DATE OF BIRTH	PASSPORT NUMBER/EXP DATE	DATE OF BIRTH.

EMERGENCY CONTACT: NAME _____ AREA CODE/NUMBER _____

THE SIGNATURE/S BELOW ACKNOWLEDGE MY REQUESTING RESERVATIONS FOR THIS CRUISE/TRIP EACH PASSENGER NOTED ABOVE AGREES MARCO MENS CLUB, AGENCY, OR PERSON/S DIRECTLY OR INDIRECTLY ASSOCIATED WITH THE CLUB WILL NOT BE LIABLE DIRECTLY OR INDIRECTLY FOR ANY SITUATION, OCCURRENCE, DELAYS, A/R, FLIGHT CANCELLATION/GROUND TRANSPORTATION, MISSED FLIGHT CONNECTION, SCHEDULE CHANGES, SEATS ON AIRCRAFT, RIVER CONDITIONS, PROBLEMS OR CONDITIONS RESULTING IN ANY INCONVENIENCE, CDC POLICY, INJURY, SICKNESS, DAMAGE OR FINANCIAL LOSS FROM OR WITH THIS CRUISE OR TRIP.

EACH PASSENGER WHOSE SIGNATURE APPEARS BELOW UNDERSTANDS AND ACCEPTS CONDITIONS AND TERMS OF MARCO MENS CLUB, CDC POLICY TRAVEL RESTRICTIONS, INCLUDING ALL CHARGES & APPLICABLE FEES IN THE EVENT THE UNDERSIGNED CANCELS RESERVATIONS. IF THE UNDERSIGNED REQUESTED THE TRAVEL INSURANCE POLICY, ITS PLAN, DEFINITIONS, BENEFITS, COVERAGE, EXCLUSIONS, DETERMINING PRE-EXISTING WAIVER, AND FORM OF REIMBURSEMENTS ARE AGREED TO BE SAID UNDER SIGNEES.

1ST GUEST SIGNATURE _____ 2ND GUEST SIGNATURE _____ HOME Phone: _____

PRINT LAST NAMES: _____ E-MAIL ADDRESS _____ CELL # _____

STREET _____ CITY/STATE _____ ZIP _____ DATE _____

EACH PERSON'S SIGNATURE IS REQUIRED. SHOULD YOU HAVE QUESTIONS, PLEASE CONTACT VICE CRUISE CHAIRMAN BILL ROGERS WAROGERS@MAC.COM OR PHONE 239-259-8945. **MAIL THE RESERVATION FORM WITH THE S & K CHECK TO: BILL ROGERS, 250 MEADOWLARK COURT, MARCO ISLAND, FL. 34145**