

BOOKING # _____	CC DATE _____	\$ _____	DEP. CHECK DATE _____	AMOUNT _____	PAX _____
STATEROOM _____		CATEGORY _____		TRAVEL INSURANCE: NO YES COV AMT _____	

MMC ALASKA 2024 CRUISE – OPTIONAL PRE- LAND PACKAGE

RETURN COMPLETED FORM AND S & K CHECK TO: S & K TRAVEL – 41 TARKENTON DR. – HUMBOLDT, TN. 38343

PLEASE BOOK ME A CATEGORY _____ FOR _____ PEOPLE. (SHOULD CATEGORY NOT BE AVAILABLE, WE WILL BOOK YOU IN NEXT BEST)

	PACKAGE COST	DEPOSIT PER PERSON
1 PER PERSON'S COST FOR REQUESTED CRUISE CATEGORY NON-MEMBERS, PLEASE INCLUDE \$100 PP SUPPLEMENT CAT COST	\$ _____	Cruise Only \$850 (250.00 Credit Card Charge to Celebrity & \$600 Check to S & K Travel.)
2. OPTIONAL TRAVEL INSURANCE POLICY Traveler 360 group travel ins. Policy Premium – per person The premiums are located in the insurance flyer Attachment Premiums refundable up to 90 days before Departure	\$ _____	Cruise And Optional Pre-Cruise Land Package \$1100 (\$250 Credit Card Charge to Celebrity And \$850 Check to S & K Travel)
3. OPTIONAL 6 NIGHT PRE-CRUISE LAND PACKAGE	\$ _____	
4. EACH PASSENGERS TOTAL COST	\$ _____	
5. ENTER NUMBER OF PEOPLE REQUESTING RESERVATIONS	_____	
6. TOTAL COST FOR ALL PASSENGERS	\$ _____	

NUMBER OF PASSENGERS REQUESTING ROUNDTRIP BUS FROM MARCO TO AIRPORT _____

WE PLAN TO FLY ECONOMY FROM MIAMI (\$1200 ALLOWANCE IN PACKAGE COST) _____
YES NO

WE WILL NOT BE FLYING FROM MIAMI. WE WOULD LIKE TO FLY FROM _____ IN _____ (\$1200 ALLOWANCE IN PKG COST)
AIR CITY CLASS OF SERVICE REQUESTING

THE PER PERSON DEPOSIT CANNOT ALL BE PAID WITH CREDIT CARD---DEPOSIT REQUIRES SPLIT PAYMENTS---\$250 per person WITH CREDIT CARD AND \$600pp CHECK for CRUISE ONLY OR \$250 per person with CREDIT CARD AND \$850 pp CHECK FOR PRE-LAND & CRUISE.

DEAR MMC: ENCLOSING CHECK PAYABLE TO S AND K TRAVEL IN AMOUNT OF \$ _____ FOR _____ PEOPLE PAYING THE \$ _____ PER PERSON DEPOSIT REQUIRED BY CHECK. IN ADDITION, I AUTHORIZE CHARGING MY _____ (TYPE) CREDIT CARD IN NAME OF _____

NUMBER _____ EXP. DATE _____ SECURITY # _____ A \$250 PER PERSON DEPOSIT ON DATE STATEROOM CONFIRMED. THE CHECK AND CREDIT CARD PAYS THE DEPOSIT. I APPROVE MMC CHARGING MY CARD THE FINAL CRUISE BALANCE DUE IN FULL, NOT TO EXCEED TOTAL PACKAGE COST CLOSE TO FEB 26, 2024.
 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
_____ PASSPORT NUMBER/EXP. DATE	_____ DATE OF BIRTH	_____ DATE OF BIRTH.

EMERGENCY CONTACT: NAME _____ AREA CODE/NUMBER _____
 MEMBERS OF CELEBRITY CAPTAINS CLUB
 GUEST 1 # _____ GUEST 2 # _____

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 PASSENGERS SIGNATURE 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. COMMUNICATIONS REGARDING CRUISE BY EMAIL. PENDING NO PROBLEMS, ONCE YOU RECEIVE RESERVATION CONFIRMATION, YOU MAY NOT RECEIVE COMMUNICATIONS FOR MANY MONTHS BEING AS CRUISE DEPARTURE NOT UNTIL MAY 25, 2024. SHOULD YOU NEED ASSISTANCE, PLEASE CONTACT CRUISE CHAIRMAN BILL ROGERS WAROGERS@MAC.COM OR PHONE 973-978-8884 **MAIL THE RESERVATION FORM WITH THE S & K CHECK TO: S & K TRAVEL – 41 TARKENTON DR. – HUMBOLDT, TN. 38343. DUE TO POSTAL SITUATIONS, PLEASE NOTIFY BILL WHEN FORM/CHECK IS MAILED.**

