

**MMC BRITISH ISLES 2024 RESERVATION FORM – October 22, 2024 – November (version 2024-0120)\_**

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

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

WE REQUEST A STATEROOM IN CATEGORY \_\_\_\_\_ FOR \_\_\_\_\_ PEOPLE ON OCEANIA "SERINA"

	PACKAGE COST	DEPOSIT PER PERSON
1. ENTER THE <b>PER PERSON</b> CRUISE CATEGORY COST SELECTED NON-MEMBERS, PLEASE INCLUDE \$100 PP SUPPLEMENT CAT COST	\$ _____	<b>\$1300</b> (500.00pp Credit Card Charge to Oceania and \$800 Check to S & K Travel)
2. <b>OPTIONAL TRAVEL INSURANCE POLICY</b> Travelex 360 GROUP TRAVEL INS. POLICY Premium – pp. The premiums are in the Ins. flyer. Premiums refundable up to May 20, 2024. Refer to the Travel Ins section of flyer for information and disclaimers.	\$ _____	
3. <b>OPTIONAL 2nt PRE-STAY / TOURS (Refundable up to May 21, 2024</b> \$675 P/P Double \$940 Single <b>OR</b> <b>OPTIONAL 1nt Pre-Stay</b> \$350 Double \$529 Single (Refundable up until May 21, 2024)	\$ _____	<b>2NT</b> Must be paid by ck prior to May 21, 2024 by check to: S & K Travel 41 Tarkenton Dr. Humboldt, TN. 38343
4. <b>OPTIONAL UPGRADE BEVERAGE PACKAGE (\$330 P/P)</b>	\$ _____	
5. <b>EACH PASSENGERS TOTAL COST</b>	\$ _____	
6. ENTER NUMBER OF PEOPLE REQUESTING RESERVATIONS	_____	
7. <b>TOTAL COST FOR ALL PASSENGERS</b>	\$ _____	
8. I WILL BE FLYING WITH GROUP FROM MIAMI _____. IF YES, I PREFER _____, _____ OR _____.		Business Class    Premium Economy    Economy
9. I WILL NOT BE FLYNG WITH THE GROUP AND WOULD PREFER TO FLY FROM _____ IN _____, _____ OR _____.		AIR CITY                      Business    Premium Econ    Economy
I WILL BOOK MY OWN AIR _____.		

THE \$1300 PER PERSON DEPOSIT CANNOT ALL BE PAID WITH CREDIT CARD---DEPOSIT REQUIRES SPLIT PAYMENTS---\$500 per person WITH CREDIT CARD AND \$800pp WITH CHECK.  
DEAR MMC: ENCLOSING CHECK PAYABLE TO S AND K TRAVEL IN AMOUNT OF \$ \_\_\_\_\_ FOR \_\_\_\_\_ PEOPLE PAYING THE \$800 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 OCEANIA DEPOSIT ON DATE \_\_\_\_\_  
STATEROOM CONFIRMED. THE CHECK AND CREDIT CARD PAYS **THE \$1300** P/P DEPOSIT. I APPROVE MMC CHARGING OCEANIA MY CARD THE FINAL CRUISE BALANCE DUE IN FULL, NOT TO  
EXCEED TOTAL CRUISE AND AIR COST CLOSE TO MAY 20, 2024. IF I RECEIVE A NEW CARD, I WILL NOTIFY MR. ROGERS.  
SIGNATURE NAME ON CARD \_\_\_\_\_

1. _____	2. _____	YES _____ NO _____
PRINT NAME AS LISTED ON PASSPORT	PRINT NAME AS 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 SIGNEE'S.

1<sup>st</sup> GUEST SIGNATURE \_\_\_\_\_ 2<sup>nd</sup> GUEST SIGNATURE \_\_\_\_\_ HOME Phone: \_\_\_\_\_

PRINT 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 OCTOBER, 2024. SHOULD YOU NEED  
ASSISTANCE, PLEASE CONTACT CRUISE CHAIRMAN BILL ROGERS [WAROGERS@MAC.COM](mailto: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**

