

MMC RESERVATION FORM Celebrity Greek Isles & Turkey Sept 17-Sept 30 2025

1-13-2025 V1

Mail completed form & deposit check to: S&K TRAVEL-Sherry Rawdon 41 Tarkenton Dr Humboldt TN 38343 731-616-1359 marcomensclubcruises@gmail.com

PACKAGE COST:

- 1 \$ _____ Enter P/P Package Category _____ Cost *Non-Members: include \$100 p/p supplement cost*
- 2 + \$ _____ Enter Optional Travel Insurance Policy Cost Per Person – see attached Travelex 360 for premiums and disclaimers
- 3 = _____ Sub Total Costs
- 4 X _____ Enter Number of People Requesting Reservations
- 5 = \$ _____ **TOTAL COST FOR ALL PASSENGERS**

AIR: YES NO I will ride the Marco Island Bus (circle) Estimated roundtrip bus cost from Marco Island \$75 - \$90 P/P

AIR: YES NO I will book my own airline (circle) If YES, I will email schedule and record locator to marcomensclubcruises@gmail.com

AIR: YES NO I will be flying from Miami with group (circle) Preference: (circle) Economy Premium Economy Business Class (obtain quote)

Note: American Airlines Group Air Tickets will be charged to Guest Credit Card on date ticket issued.

PAYMENT: Deposit requires split payment – partial payment with credit card and partial payment with mailed check to S&K Travel.

\$ _____ \$ 1155.00 _____ Deposit Check Amount for Package P/P

+ \$ _____ Check Amount for Insurance P/P (based on coverage chosen) Coverage Amount _____ refundable up to June 15, 2025

+ \$ _____ Non-Member Fee if Applicable to You (\$100/Guest)

X _____ Times Number of Guest(s)

= \$ _____ Total Check Amount

Check: on behalf of MMC, enclosed is a check to S&K Travel in the amount of \$ _____ for # _____ guest(s) deposit.

\$450 Per Guest Credit Card to Celebrity

Credit Card: I authorize charging my _____ Credit Card in the name _____ for amount of \$450 per guest(s)

Celebrity deposit on date stateroom is confirmed. The check and credit card pays the required per person deposits. I approve MMC to provide Celebrity my credit card for the final cruise balance due in full, not to exceed total cruise package and air cost. I will notify Sherry Rawdon, S&K Travel if I receive a new credit card.

CREDIT CARD NUMBER _____ EXP Date _____ Security Code _____

Signature on Card _____ Date _____

PASSPORT: 1				2				YES	NO	
PRINT NAME AS LISTED ON PASSPORT				PRINT NAME AS LISTED ON PASSPORT				USA CITIZENS		
PASSPORT NUMBER	ISSUE DATE	EXP DATE	DOB	PASSPORT NUMBER	ISSUE DATE	EXP DATE	DOB			
Celebrity Captain Club Numbers: 1 _____				2 _____						
Emergency Contact Name: _____				Area Code/Phone Number: _____						

The signature(s) below acknowledges this request for reservations for this cruise/trip for each passenger. Passenger(s) noted above agrees Marco Men's Club, Agency or person(s) directly or indirectly associated with the club or agency will not be liable directly or indirectly for any situation, occurrence, delays, A/R, flight/ground transportation missed or canceled, 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 the conditions and terms of Marco Men's Club, CDC policy travel restrictions, including all charges and 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. Each person's signature is required. Communications regarding cruises will be sent by email. Pending no problems, once you receive reservation confirmation, you may not receive communications for many months until near departure date. Should you need assistance, please contact Robert Bixler, MMC Cruise Chairman at marcomensclubcruises@gmail.com or phone 989-859-7559 or S&K Travel-Sherry Rawdon, sherrytravel@hotmail.com 731-616-1359.

1 Signature _____ 2 Signature _____

Print Names _____ Email Address _____ Phone _____

Street _____ City/State _____ Zip _____ Date _____

Provide billing address if different _____

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