

# MMC RESERVATION FORM AMA Blue Danube April 13 - April 25 2026

2-13-25 V3

marcomensclubcruises@gmail.com

Mail completed form & deposit check to: S&K TRAVEL-Sherry Rawdon 41 Tarkenton Dr Humboldt TN 38343

731-616-1359

**PACKAGE COST:**

**Special Promotion Offer Ends May 1, 2025**

1 \$ \_\_\_\_\_ Enter Total Package Cost from AMA Flyer for Number of Guest(s) Cabin Category \_\_\_\_\_

(Flyer package cost includes 7 Night Cruise, 3 Night Post-Stay Prague \$975 value AND \$500 Discount)

2 + \$ \_\_\_\_\_ Enter \$610 P/P Cost for Optional 2 Nights Pre-Stay Budapest

3 + \$ \_\_\_\_\_ Enter Optional Travel Insurance for \$ \_\_\_\_\_ Coverage Amount (Guest 1) – see Travelex 360 for premiums & coverage

4 + \$ \_\_\_\_\_ Enter Optional Travel Insurance for \$ \_\_\_\_\_ Coverage Amount (Guest 2) – see Travelex 360 for premiums & coverage

5 = \$ \_\_\_\_\_ **TOTAL PACKAGE COST FOR ALL GUEST(s)** *Non-Members: include \$100 p/p supplement cost*

**AIR:** YES NO I will ride the Marco Island Bus (circle) Estimated roundtrip bus cost from Marco Island \$100 P/P (to be paid later)

**AIR:** YES NO I will book my own airline (circle) If YES, I will email schedule and record locator to [sherrytravel@hotmail.com](mailto:sherrytravel@hotmail.com)

**AIR:** YES NO I will be flying with group (circle)

AMA Waterways offers special Air Plus rates (circle one): Economy \$999 Premium Economy \$2299 Business \$4299

Note: airline schedule will be determined by AMA Group Air when air schedules are available.

**PAYMENT:** Deposit requires split payment – partial payment with credit card and partial payment with mailed check

**CHECK:** Mail check to: S&K TRAVEL-Sherry Rawdon 41 Tarkenton Dr Humboldt TN 38343

+ \$ \_\_\_\_\_ Enter Total Insurance Cost For Guest(s) – Enter Total Amount from Lines 3 + 4 Lines Above refundable up to Jan 9, 2026

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

= \$ \_\_\_\_\_ **Total Check Amount** Check enclosed in the amount of \$ \_\_\_\_\_ for # \_\_\_\_\_ guest(s) deposit

**CREDIT CARD:** Enter Deposit Amount that Applies to your specific Package:

\$ \_\_\_\_\_ Enter Total Credit Card Deposit Amount: **\$400 Cruise Pkg P/P** + \$ \_\_\_\_\_ **AirPlus Deposit P/P**

*(\$200 cruise deposit is refundable up to December 10, 2025) (Economy & Premium Economy Air Deposits: \$350 p/p, Business Air Deposit: \$600 p/p)*

Once air schedule is sent to you by AMA, you have 72 hours to approve or decline. If you decline, Air Plus deposit will be refunded.

**OR**

\$ \_\_\_\_\_ Enter Total Credit Card Deposit Amount: **\$400 Cruise Pkg P/P – NO AIR PACKAGE**

*(\$200 cruise deposit is refundable up to December 10, 2025)*

**Credit Card:** I authorize charging my \_\_\_\_\_ Credit Card in the name \_\_\_\_\_. The check and credit card pays the required per person deposits. I approve MMC to provide AMA Waterways 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**

Have you Traveled with AMA before? YES NO **Guest 1** YES NO **Guest 2**

Emergency Contact Name: \_\_\_\_\_ Emergency Contact 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](mailto:marcomensclubcruises@gmail.com) or phone 989-859-7559 or S&K Travel-Sherry Rawdon, [sherrytravel@hotmail.com](mailto: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** \_\_\_\_\_