

MMC RESERVATION FORM MMC ANTARCTICA Celebrity Ship Equinox January 13-30, 2027

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

PACKAGE COST:

1 \$ _____ Enter **Total Package Cost for Number of Guest(s) Cabin Category** _____ (Requirement of 8 Cabins for Group Pricing)
2 + \$ _____ Enter **Optional Travel Insurance for \$** _____ **Coverage Amount (Guest 1)** – see Travelex 360 for premiums & coverage
3 + \$ _____ Enter **Optional Travel Insurance for \$** _____ **Coverage Amount (Guest 2)** – see Travelex 360 for premiums & coverage
4 = \$ _____ **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 is \$100.00 pp (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

AIR: YES NO I will be flying with group (circle) Group Air Pricing Schedule Not Available Yet

Air Flight Schedules are not yet available. They should be available ten months before the departure date; we will keep you updated.

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 2 + 3 Lines Above refundable up to Oct 14, 2026

+ \$ _____ Enter **Check Deposit Amount X # of Guests \$1340.60 pp Doubles, \$1821.30 Singles**

+ \$ _____ 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 for Celebrity Cruise:**

\$ _____ Enter **Total Credit Card Deposit Amount:** **\$450 Celebrity Cruise Per Person Double Occupancy**
\$900 Celebrity Cruise Single Occupancy

Credit Card: I authorize charging my Credit Card **VISA MASTERCARD DISCOVER AMERICAN EXPRESS** (circle one) in the name _____
(name on your credit card). The check and credit card pays the required per person deposits. I approve S & K Travel to provide Celebrity my credit card for the deposit and 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

Captain Club # _____ Captain Club # _____

Emergency Contact Name: _____ Emergency Contact Phone Number: (_____) _____

List Any Allergies, Special Needs, Anniversary _____

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 Name _____ Print Name _____

Email Address _____ Phone Numbers (_____) _____ (_____) _____

Street _____ City/State _____ Zip _____ Date _____

Provide credit card billing address if different _____

BOOKING# _____ CC DATE _____ \$ _____ FCC _____ DEP CHECK DATE _____ AMT _____ PAX _____

STATEROOM _____ CATEGORY _____ AIR GATEWAY _____ CLASS _____ TX INSURANCE: NO YES COV _____