



PLEASE PRINT CLEARLY - EACH PASSENGER MUST FILL OUT HIS/HER OWN FORM

or go to [www.grandamericantours.com](http://www.grandamericantours.com) and click on "sign up for a cruise" in the top right corner to register for your cruise.

NAME \_\_\_\_\_

(Mr.) (Mrs.) (Miss) (Ms.) - (Circle One)

**(First, Middle and Last Name Exactly as printed on your Passport.)**

\*The Charge To Change An Incorrect Name On Documents Is \$150.00 Including FedEx Charges.)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

BIRTHPLACE - CITY & STATE \_\_\_\_\_ BIRTHPLACE - COUNTRY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

TYPE OF ID (PASSPORT, DRIVER LICENSE, OR MILITARY) \_\_\_\_\_

ID NUMBER \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

NAME OF PERSON WITH WHOM YOU WILL BE ROOMING: \_\_\_\_\_

CRUISE CATEGORY \_\_\_\_\_ COST \_\_\_\_\_ AMOUNT OF DEPOSIT ENCLOSED FOR CRUISE \_\_\_\_\_

**YOUR DEPOSIT WILL SECURE YOUR RESERVATION. THE REST OF YOUR TRIP COST, OF WHICH \$500.00 IS REQUIRED BY CHECK, IS DUE BY YOUR FINAL PAYMENT DATE.**

AMOUNT OF INSURANCE PREMIUM ENCLOSED\* \_\_\_\_\_ DATE OF INSURANCE PAYMENT \_\_\_\_\_

\*SEE OTHER SIDE FOR INSURANCE PREMIUM RATES. INSURANCE COVERS PRE-EXISTING CONDITIONS IF PREMIUM IS SENT IN **WITH** INITIAL DEPOSIT.

**\*\* Insurance Premium is Non-Refundable \*\***

CHOICE OF DINING

BED PREFERENCE

MAIN DINING \_\_\_\_\_

1 QUEEN BED \_\_\_\_\_ 2 LOWER BEDS \_\_\_\_\_

LATE DINING \_\_\_\_\_

TRIPLES (2 Lowsers, 2 Uppers) \_\_\_\_\_

SPECIAL OCCASION? BIRTHDAY \_\_\_\_\_ ANNIVERSARY \_\_\_\_\_

ARE YOU A PAST PASSENGER WITH THIS CRUISE LINE? YES \_\_\_\_\_ NO \_\_\_\_\_ Past Passenger # \_\_\_\_\_

IS AIRFARE INCLUDED ON THIS RESERVATION? YES \_\_\_\_\_ NO \_\_\_\_\_ IF INCLUDED, PLEASE FILL IN YOUR DEPARTURE CITY \_\_\_\_\_ AIRPORT \_\_\_\_\_

EMERGENCY CONTACT NAME, RELATIONSHIP TO YOU, ADDRESS & PHONE NUMBER: \_\_\_\_\_

**\*\*When we book your cruise, we must tell the cruise line if you would like to be automatically upgraded, if an upgraded cabin becomes available. This WILL change your cabin and LOCATION on the ship. WOULD YOU PREFER TO KEEP YOUR ORIGINAL CABIN OR TO BE UPGRADED AND MOVED?**

Keep my original cabin \_\_\_\_\_ OR Upgrade and change my cabin \_\_\_\_\_ (Please check one)



**TOUR PROTECTION PLAN**  
**with GRAND AMERICAN TOURS through TRAVELEX**  
*Not age based and covers pre-existing conditions*  
**Cost to Customer**

<i><b>COST OF TRIP</b></i>	<i><b>INSURANCE PREMIUM</b></i>
\$1 - \$500	\$49
\$501 - \$1000	\$86
\$1001 - \$1500	\$125
\$1501 - \$2000	\$169
\$2001 - \$2500	\$214
\$2501 - \$3000	\$262
\$3001 - \$3500	\$316
\$3501 - \$4000	\$373
\$4001 - \$4500	\$422
\$4501 - \$5000	\$492
\$5001 - \$6000	\$545
\$6001 - \$7000	\$673
\$7001 - \$8000	\$757
\$8001 - \$9000	\$822
\$9001 - \$10,000	\$920

***Includes Pre-Existing Conditions if purchased at time of deposit.***  
***Must Purchase Insurance for Full Trip Amount.***

<i><b>BENEFITS</b></i>	<i><b>AMOUNT PER PERSON</b></i>
Trip Cancellation	Up to 100% Trip Cost
Trip Interruption	Up to 150% of Trip Cost
Trip Delay/Missed Connection	\$750 / \$150 per day
Emergency Medical Expense	\$50,000
Emergency Medical Evacuation & Repatriation	\$250,000
Baggage / Baggage Delay	\$1,000 / \$250
Travel Accident Coverage	\$25,000
Travel Assistance & Concierge Services	Included

***Insurance payments must be made out to Grand American Tours from the individuals traveling, not from an organization or group leader. This is to protect the organization from liability.***

***We are an agency providing travel services for 3<sup>rd</sup> parties and hence we are not responsible for delays, damages, injuries or incorrect visa/passport information.***

1-800-423-0247 • 610-328-4181 • Fax: 610-328-4769

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