GROUP TRAVEL BOOKING **Booking form**

Complete one form for each passenger

Cruise Name: _____		Sail Date: _____	*Office Use Only*
Cabin code: _____	Occupancy:_____	Cost per Passenger: _____	

Passenger ____ of ____

Name: _____	Name must match legal document (Driver's license, passport, birth certificate, etc) that you will provide before boarding. You will not be allowed to board unless your name matches exactly. For example, if Robert Smith is printed on your Passport, do not enter "Bob Smith".	
Address: _____ Address 2: _____ City: _____ State/Zip: _____/_____ Phone: _____ Emergency Contact Number: _____ Date of Birth: _____ Email Address: _____	Dinner Seating: [ ] Early [ ] Late Need Insurance: [ ] Yes [ ] No Special Medical Needs: [ ] Yes [ ] No Special Dietary Needs: [ ] Yes [ ] No Pay in Full: [ ] Yes [ ] No	Enter Medical needs (ie: wheelchair accessibility, service animal, pregnancy, medication, etc) in the comment field below. Enter request for Special Dietary Needs (ie: bland diet, etc.) in the comment field below. Paying in full will charge you the full amount on the first payment date.

We accept only credit cards via phone or fax. If paying by check, you must mail your booking request.

Card holder Name
(*as it appears on card*) _____

Credit Card Type: [ ]Master Card [ ]Visa [ ]AMEX [ ]Discover

Credit Card #: _____ Exp month: _____ Exp Yr.: ____ CV#____

Card Holder Address
(*as it appear on statement*): _____

Comment- *If you would like to make a dinner seating request, or have special medical and/or dietary needs, please enter this information in the space below.*

I authorize JADAR Travel & Cruise to submit my Credit Card information for payment on this cruise. If paying by check I agree that if any check is returned dishonored, I will pay a penalty of $39.00 for each item dishonored and will make future payments with certified funds. I also agree that JADAR Travel & Cruise and/or the designated cruise line may cancel my booking without notice for any dishonored items.

_____ _____ _____

Print Name Signature Date