

RESERVATION FORM/ ALASKA Cruise 2021
(Legal name as it appears on PASSPORT)

1) NAME _____ DOB _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
E-MAIL _____ TEL# _____

2) NAME _____ DOB _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
E-MAIL _____ TEL# _____

CABIN TYPE (**circle one**): INSIDE/ OCEANVIEW / BALCONY

Deposit: \$250 per person DUE ASAP

Final Payment: Balance Due 4/15/2021

TRAVEL INSURANCE-**SEND INFO** (circle one): YES or NO

(Cancellation penalties apply- see Travel Invoice for details)

NOTE: DEBIT/CREDIT CARD PAYMENTS ONLY

NAME ON CARD _____

DEBIT/CREDIT CARD# _____

TYPE _____ EXPIRATION _____ SEC CODE _____

NAME ON CARD _____

DEBIT/CREDIT CARD# _____

TYPE _____ EXPIRATION _____ SEC CODE _____

SCAN OR TAKE PHOTO OF FORM AND RETURN FORM **BY EMAIL** TO: **DebDoddCruises@aol.com**

POSTAL MAIL TO: DATS TRAVEL
3970 Post Road/Suite 2A
WARWICK, RI 02886 USA

CALL TO RESERVE: **508 212 5912**

GROUP LEADER: BARBARA MONROE

