

KENAI PENINSULA ADVENTURE & INSIDE PASSAGE CRUISE

JULY 12-23, 2021

PERSONAL INFORMATION Please complete one form per person. PLEASE PRINT.

NAME: _____
EXACTLY AS IT APPEARS ON YOUR PASSPORT

GENDER: (PLEASE CIRCLE) MALE FEMALE DATE OF BIRTH (MM/DD/YEAR): _____

FAMILIAR/NICKNAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____
W/ AREA CODE W/ AREA CODE

TRAVEL DOCUMENTATION

PASSPORT #: _____ ISSUE DATE (MM/DD/YEAR): _____

ISSUING COUNTRY: _____ EXPIRATION DATE (MM/DD/YEAR): _____

All passengers must carry a passport **valid for at least six months (January 24, 2021)** beyond the return date of the trip. A **passport card is NOT acceptable for this trip.**

TSA PRE-CHECK #: (IF APPLICABLE) _____

EMERGENCY CONTACT

NAME: _____ RELATION: _____

PHONE (WITH AREA CODE): _____

CRUISE INFORMATION

CABIN PREFERENCE: ___ 2A Veranda ___ 2C Veranda ___ 6 Ocean View ___ 9 Inside

ROOMMATE'S NAME: _____

BED CONFIGURATION: _____ (2) TWIN BEDS _____ (1) QUEEN-SIZE BED

DIETARY NEEDS: _____ VEGETARIAN _____ GLUTEN FREE _____ DIABETIC _____ OTHER

DINING PREFERENCE : _____ EARLY (6:00 PM) _____ LATE (8:30 PM) _____ CELEBRITY SELECT
GROUP IS CONFIRMED FOR CELEBRITY SELECT AND IS ON A WAITLIST FOR EARLY DINING

IF YOU BELONG TO CELEBRITY'S CAPTAIN'S CLUB, PLEASE INDICATE YOUR MEMBERSHIP NUMBER: _____

IF CELEBRATING AN ANNIVERSARY: (PLEASE NOTE THE DAY YOU WISH TO CELEBRATE) _____

HEALTH NEEDS (PLEASE MARK ALL THAT APPLY) WHEELCHAIR ASSISTANCE AIRPORT CPAP POC

CHOOSE TWO (2) CRUISE AMENITIES!

BOTH GUESTS IN A STATEROOM MUST CHOOSE THE SAME (2) AMENITIES. AMENITIES ARE NOT APPLICABLE FOR 3RD AND 4TH GUESTS IN A STATEROOM.

Classic Beverage Package

Unlimited Internet Package

Onboard Credit \$150 credit per person to be used for dining, spa, shore excursions & other onboard purchases

FOR OFFICE USE ONLY

Reservation #: _____

Cabin #: _____

Amount & date deposit paid to cruise line: _____

Notes: _____

OVER FOR ADDITIONAL INFORMATION

PAYMENT INFORMATION

Please make check payable to: First Dakota National Bank

Check #: _____

AMOUNT: _____

CREDIT CARD TYPE (PLEASE CIRCLE)

MASTERCARD

VISA

DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME ON CARD: _____

BILLING ADDRESS (IF DIFFERENT FROM MAILING) _____

PLEASE NOTE: YOUR \$250 PER PERSON (\$500 PER CABIN) DEPOSIT WILL BE CHARGED TO YOUR CARD UPON RECEIPT OF THIS FORM.

SIGNATURE:

RESERVATIONS

PLEASE MAIL THIS FORM ALONG WITH YOUR **\$250 DEPOSIT/PER PERSON**
(*\$500 PER CABIN*)

FIRST DAKOTA TRAVEL

ATTN: FRAN RIETVELD

P.O. Box 1306

MITCHELL, SD 57301

PHONE: (605) 995-7910

EMAIL: FRIETVELD@FIRSTDAKOTA.COM

BALANCE DUE:

MARCH 31, 2021