



# 7-Day Western Caribbean Cruise October 1 - 8, 2017 with The Louisville Crashers aboard Royal Caribbean's *Oasis of the Seas*

Please fill in completely. Use full legal name as on government-issued photo ID (including middle name or initial as it appears).

Title: Dr./Rev./Mr./Mrs./Ms./Miss Full Legal Name(s) (as on photo ID)

1. \_\_\_\_\_

2. \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if other than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone H - (\_\_\_\_) \_\_\_\_\_ W - (\_\_\_\_) \_\_\_\_\_

Best time and place to call \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

**YES, please use email as primary means of communication.**

**Cruise Line Security information:**

Passport Number 1. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Passport Number 2. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**The name on your cruise documents must exactly match your name as it appears on your government-issued photo ID. You must forward a copy of the photo/informational page of your ID within two weeks of enrollment on the tour. If applying for a new or renewed passport, send the copy as soon as you receive your new passport.**

1. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place (City/State) \_\_\_\_\_

Nationality \_\_\_\_\_  Male  Female

2. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place (City/State) \_\_\_\_\_

Nationality \_\_\_\_\_  Male  Female

Arrange round trip air transportation from \_\_\_\_\_  
airport which is nearest my hometown (airfare not included in cruise price)

- Choice of cabin category**  N/interior (\$624pp/double occupancy)  
 F/oceanview (\$759pp/double occupancy)  
 D5/balcony (\$944pp/double occupancy)

Choice of cabin mate \_\_\_\_\_

I prefer a single room/cabin (please contact Dehoney Travel for cost info)

Crown & Anchor Society number (if past cruiser on Royal Caribbean):

1. \_\_\_\_\_
2. \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_

Phone: H - (\_\_\_\_) \_\_\_\_\_ W - (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Medical emergency information (example: allergies, medication, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_

**DEPOSIT:**

Enclosed is my/our \$ \_\_\_\_\_ deposit (\$300 per person)

Enclosed check or charge to my credit card:

Discover  MasterCard  Visa

Card # \_\_\_\_\_

Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

*Enrollment in and payment of deposit constitutes your acceptance of the Tour Conditions/Responsibility of Dehoney Travel, Inc. to provide this travel program.*

**Enroll by phone with credit card**  
**Call (800) 325-6708 or (812) 206-1080**

**Hosted by The Louisville Crashers**

**Allianz Travel Protection:** Many U.S. health carriers do not provide benefits while outside the country and cancellation penalties can be substantial for many tours. For your own protection it is important that you have adequate insurance coverage in the event that you must cancel prior to travel or encounter illness or injury while overseas. Dehoney Travel, Inc. offers a Travel Protection Plan, TripCare, through Allianz Global Assistance. **Please note, in order for the pre-existing clause to be in effect for this policy, your travel protection must be purchased in full within 14 days of the date on your tour deposit check or your credit card tour deposit being processed at Dehoney Travel. (Please check one of the following and sign where indicated.)**

1.  I am interested in purchasing travel protection through Dehoney Travel and Allianz Global Assistance. Please send me further information. I understand that travel protection will NOT be purchased on my behalf until I contact the Dehoney Travel office and speak directly with an insurance specialist.

OR

2.  I would like to decline the optional insurance coverage.

Signature \_\_\_\_\_

**For assistance in evaluating your insurance needs or if you have questions about this coverage, please call our insurance department at (812) 206-1080 or (800) 325-6708.**