PAYMENT INFORMATION

PLEASE MAKE CHECKS PAYABLE TO FAYETTE TRAVEL

OR PROVIDE CREDIT CARD INFORMATION & SIGN BELOW

STATEROOM CHOICE: _____INSIDE _____BALCONY

CHECK ENCLOSED: CHECK NUMBER_____AMOUNT$_____

CREDIT CARD NUMBER:

EXPIRATION: | **CVV:**

NAME AS ON CARD:

INSURANCE: INSIDE CABIN $149 / BALCONY CABIN $199
PLEASE INITIAL: _____ACCEPT _____DECLINE

OPTIONAL PRE CRUISE PACKAGE: January 12, 2018
Includes airport to hotel transfer, porterage, accommodations at the Ala Moana Hotel Waikiki, breakfast, hotel to cruise port transfer, all tax.

$160.00 per person based on two people sharing a room.

I AUTHORIZE FAYETTE TRAVEL CENTRE & NORWEGIAN CARIBBEAN LINE TO CHARGE MY CREDIT CARD THE AMOUNT BELOW AND AGREE TO PAY MY CREDIT CARD COMPANY FOR THESE CHARGES.

AUTHORIZED SIGNATURE:

CRUISE DEPOSIT DUE $500.00

OPTIONAL PRE CRUISE PACKAGE:_____

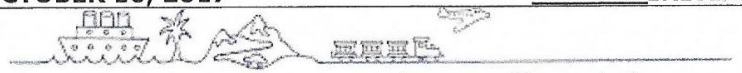
INSURANCE AMOUNT:_____

$25 PRE CRUISE 13 JAN NCL SHUTTLE:_____

$25 POST CRUISE 20 JAN NCL SHUTTLE:_____

AMOUNT AUTHORIZED TO CHARGE:

I AUTHORIZE FAYETTE TRAVEL TO AUTOMATICALLY CHARGE MY CARD ABOVE FOR MY FINAL PAYMENT ON OCTOBER 10, 2017 _____INITIAL



Fayette Travel Centre

142 EAST COURT STREET, WASHINGTON COURT HOUSE, OH 43160
(800)451-7903 fayettetravel@fayettetravel.com

WFIRM + OES = IMAGINE

CRUISE RESERVATION & PAYMENT FORM

$500 PER PERSON DEPOSIT DUE BY SEPT. 1

PLEASE RETURN ONE SIGN UP PER PERSON IMMEDIATELY WITH DEPOSIT TO GUARANTEE YOUR RESERVATION

The use of passports is highly recommended, although not mandatory. Please provide full legal name as listed on state issued government identification. Names ***MUST*** match exactly.

Boarding can be denied if they differ.

EFFECTIVE JANUARY 22, 2018 YOU WILL NEED AN ALTERNATED ID TO FLY IF YOU HAVE A DRIVER'S LICENSE OR ID ISSUED BY ANY OF THE FOLLOWING STATES: KY, ME, MN, MO, MT, OK, PA, SC, WA

LAST NAME: SUFFIX:

FIRST & MIDDLE NAMES:

DATE OF BIRTH:_____MONTH_____DAY_____YEAR

PASSPORT # | EXPIRE DATE:

NCL LATITUDES NUMBER:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

EMAIL:

EMERGENCY CONTACT NAME:

RELATIONSHIP: | PHONE:

MEDICAL/DIETARY NEEDS:

SPECIAL REQUESTS:

SHARING ROOM WITH: