



**SSOMS Azamara Wine & Romance Cruise
Registration Form
September 2 – 11, 2020**

Name: (Per passport) _____

Date of Birth: _____ **Passport #** _____

Nickname: _____

Passport expiration date _____

Name: (Per passport)

Date of Birth: _____ **Passport #** _____

Nickname _____

Passport expiration date _____

Address

City/State _____ **Zip** _____

Phone _____ **Mobile** _____ **E-mail** _____

If not listed above; Rooming with _____

SSOMS Azamara cruise per person category choice _____

Deposit: _____ based on 25% of cruise total **For
Single Supplement and 3rd guest in room, call for pricing**

Air quotes available by early December 2019

Travel Insurance will be available (Group discounted policy)

I accept insurance _____(initial)

I decline insurance _____ (initial)

Custom Travel & Cruise strongly suggests that all clients have travel insurance. I, the undersigned, have been provided insurance and decline _____ (date)

Check () If paying by check, please make check payable to Custom Travel & Cruise

Credit Card: Type _____

CC # _____ Exp Date _____

Sec. # _____

Name on card (Print) _____

Signature _____

Credit Card billing address if different from above _____

Please use card for final payment when due. Yes () No ()

Emergency contact info – Name, relationship, phone & email: _____

Please give us just a little further information.

1. Do you have any physical ailments or special needs? 2. Do you have trouble walking? _____

3. Do you have food allergies? _____ If so, please list.

4. Do you have friends or family that you would like a copy of the brochure?

If so, please list with their e-mail or home address.

Return registration form to:

Linda Kinsey

Custom Travel & Cruise

4494 Stratford Drive

Douglasville, GA 30135

770-949-1133

770-855-8244 cell or text