

**CASON TRAVEL & TOURS LLC**

**Australia Cruise February 1 - 9, 2019, Explorer of the Seas: CRUISE REGISTRATION FORM**

Complete and return with your deposit to Cason Travel & Tours 4610 Cliff Breeze Dr., North Las Vegas, NV. 89081 or fax to 702-642-2570 or email the form to us. If you have any questions, please call our office at (702) 642-2628 or (800) 899-7690

Website: [www.casontravelandtours.com](http://www.casontravelandtours.com) Email: [casontravelandtours1@cox.net](mailto:casontravelandtours1@cox.net)

**Guest #1**

**Guest #2 - Roommate**

<p>1. Legal Name: (As it appears on your passport) Female ____ Male ____ Crown &amp; Anchor #:</p>	<p>1. Legal Name: (As it appears on your passport) Female ____ Male ____ Crown &amp; Anchor #:</p>	
2. Date of birth:	2. Date of birth:	
3. Street address:	3. Street address:	
4. City/State/Zip:	4. City/State/Zip:	
5. Home Phone:	5. Home Phone:	
6. Cellular:	6. Cellular:	
7. Email:	7. Email:	
8. In case of accident or emergency, person to notify at home:		
Name:	Relationship:	Phone:
Are you a ( ) Smoker		( ) Non-Smoker
Will you be celebrating a birthday or anniversary on this cruise? If so, list the date and occasion?		
I would like to share a dining table with (friends, family, etc.) The group has reserved late dining at 8:15 pm		
<p><b>Cabin Selection:</b> Inside ____ Oceanview ____ Balcony ____ Jr. Suite ____ Single ____ Double ____ Triple ____ Quad ____ Military: ____ Firefighter/Police: ____</p>		
<p>I, _____ hereby authorize Cason Travel &amp; Tours and RCCL Cruise Line to charge my credit Card for cruise payments for myself and/or _____. (Full name(s) of guest(s) if other than the cardholder), on the Explorer of the Seas February 1, 2019. I agree to pay all charges as authorized.</p>		
CC#: _____ EXP: _____ Security Code: _____		
Credit card holder name _____ Address _____		
Credit Card Holder Signature _____ Amount to charge \$ _____ Final payment _____		
Trip cancellation Insurance from = \$109 Yes ____ No ____		
Would you like your credit card charged monthly according to the payment schedule (\$100 the 15 <sup>th</sup> of each month) Yes ( ) or No ( )		
<b>A valid passport is required for the Cruise.</b> I understand that in the event of cancellation, penalties will be assessed:		
Booking # _____ (please leave blank) Cabin # _____		
\$50 of deposit is non-refundable		
Signature required to register:		Date: