

# CRUISES, PLUS



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***THIS RESERVATION FORM WITH PAYMENT AUTHORIZATION REQUIRED  
FOR EACH ROOM RESERVED. PRINT THIS OUT AND RETURN TO US. KEEP A COPY FOR YOURSELF.***

Return to the mailing address above, scan/email or fax to 1 (888) 309 - 7310

Please advise your legal names as listed on your passport. If you do not yet have a passport, please advise your legal name.

**Guests in your cabin:**

Guest #1. Legal Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Guest #2. Legal Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Guest #3. Legal Name : \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Guest #4. Legal Name : \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

#1. Address/City/State/Zip: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

#2. Address/City/State/Zip: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

#3. Address/City/State/Zip: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

#4. Address/City/State/Zip: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**AUTHORIZATION FOR DEPOSIT : \$ 250 PER PERSON**

#1. CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ CID# \_\_\_\_\_

#2. CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ CID# \_\_\_\_\_

#3. CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ CID# \_\_\_\_\_

#4. CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ CID# \_\_\_\_\_

Unless otherwise noted, we use the address provided for each guest as the credit card billing address. If the card used is the same for each guest, please write SAME in the line(s) above.

ROOM TYPE REQUESTED, CHECK ONE:

INTERIOR \_\_\_\_\_ BALCONY \_\_\_\_\_ OTHER \_\_\_\_\_

SIGNATURE OF CARDHOLDER(S)

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

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

#3. \_\_\_\_\_

#4. \_\_\_\_\_

MISCELLANEOUS: ROOM OR BEDDING REQUEST; CELEBRATIONS? ANY DIETARY, MEDICAL OR PHYSICAL LIMITATIONS? ANYTHING WE NEED TO KNOW TO MAKE THIS AN ENJOYABLE TRIP FOR YOU? PLEASE EXPLAIN:

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