

CRUISE APPLICATION—Cruise Line \_\_\_\_\_ Date of sailing \_\_\_\_\_

Please complete application –**Use Dark Ink & Print Clearly.**  
Forward your check to: (Make payable to Get Out of Town Travel)  
Get Out of Town Travel  
187 Wickliffe Drive      Deposit must be paid by check. Final can be  
Naples, FL. 34110      check or credit card.

Name (s) -----  
(As it appears on your Passport)

Address: -----  
-----  
-----

Phone #( )-----Day ( )----- Cell ( )-----FAX

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

Cabin Type: Interior \_\_\_; Studio \_\_\_; Balcony \_\_\_; Suite \_\_\_; Penthouse \_\_\_

Other \_\_\_\_\_ Rate per person \$\_\_\_\_; DOB \_\_\_\_\_

Dining Request: Early \_\_\_; Late \_\_\_; Anytime \_\_\_\_\_

Trip Insurance: \_\_\_Accept \_\_\_Decline - If you have a pre-existing medical condition, you must contact insurance company & pay with deposit.

Bed Configuration Request: \_\_\_King/Queen \_\_\_Twins

Past Passenger Number for this cruise line # ----- # -----

Emergency Contact (person who will not be going on this cruise):

Name \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_ PH# ( ) \_\_\_\_\_ Day ( ) \_\_\_\_\_ Cell

SIGNATURE REQUIRED TO CONFIRM APPLICATION IS CORRECT

x \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Type: \_\_\_Amex \_\_\_Disc \_\_\_MC \_\_\_Visa

Cardholder's Name: \_\_\_\_\_

CC Number \_\_\_\_\_ Security code \_\_\_\_\_

Expiration date \_\_\_\_\_ Amount to be charged for final payment \$ \_\_\_\_\_

Cardholder's Signature: x \_\_\_\_\_ Date \_\_\_\_\_

Can we use this credit card for final payment? \_\_\_ Yes \_\_\_ No