		CEPT OR DECLINE I	NSURANCE	
1. *Legal Last Name (passenger 1)		*Legal Last Name (passenger 2)		Destination: Coastal California Getaway
				Sail Date: January 22-27, 2020
*Legal First Name	Middle	*Legal First Name	e Middle	Ship: Grand Princess
				Group: Michelle's Dance Group (TPR/A003)
Name you prefer to be called		Name you prefer to be called		***Must be booked through Paradise Travel***
				Reservation & Contact Information
Date of Birth		Date of Birth		Send Registration Form with credit card info (or check) to:
				Michelle Kinkaid (Travel Agent & Group Leader)
Address		Address		671 Athens St., San Francisco, CA 94112
				Phone: 415-802-3325
City, State, Zip		City, State, Zip		Email: michellekinkaid5678@gmail.com
, , ,		37		Web: www.michelledance.com/events.html
Phone (home)	(cell)	Phone (home)	(cell)	(see website for cruise details)
Thoric (nome)	(0011)	Thomas (nome)	(0011)	Cruise Documents Required* & Info
Email:		Email:		* Passport required - must be valid for
Liliali.		Elliali.		6 months past the cruise return date
Male	Single	Male	Single	*If you have a non-U.S. Passport, please verify any
Female	Married	Female	Married	documents that are required with your Consulate.
Citizenship Country	Country of Birth	Citizenship Country	Country of Birth	
Onizeriship Country	Country of Birtin	Citizeriship Country	Country of Birtin	Your registered name for the cruise & the name on your Passport must match exactly - no
Passport #	Issue Date	Passport #	Issue Date	exceptions! This is a U.S. & International law.
				Failure to provide correct information and
Issuing Authority	Expire Date	Issuing Authority	Expire Date	documentation can result in denied boarding.
				Info
Emergency Conta	act Person - Name	Relationship Pr	none	*Cruise rates are subject to change.
				*We highly recommend having Travel Insurance
Address, City, ZIP				
2.Cruise Fees*	(cruise only-per person/o	dbl occupancy, port charges) + tax & fees	3. Cruise Details
Select Cabin Ty		Rate (from) Psgr #1	Psgr #2	a) Sharing Cabin with:
Mini Suite Cabin				
	• · · ·	pp		Write cabinmate name here if using a separate form.
Balcony Cabi	_	pp pp		Write cabinmate name here if using a separate form. b) Request Area or Cabin #
Balcony Cabi Outside Cabir	n _			
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Outside Cabin Outside Cabin Inside Cabin Single person 3rd person X Tax & Govel Vacation Prot Cruise Bus Transf Airfare (from city):	n	pp	\$175.00 usd	b) Request Area or Cabin # c) Have you sailed with Princess before? Yes / No If you are a past passenger, P1# List Past Passenger Number P2# d) Dining: *2nd (7:15pm) 1st (5pm) Anytime *Note: Group dining time is typically 2nd (Please verify) e) Bed Configuration: 2 Twins 1 Queen f) Complimentary upgrade if available Yes No 4. Vacation Protection Insurance
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