



**Cruise Reservation Form – PSU Alumni Association Cruise
Celebrity Cruise - Reflection
Departing February 18, 2019 (11 nights) – Ft Lauderdale, FL**

Please print the following form, fill in completely and return to:

McClelland Travel
132 Shenandoah Drive
Murrells Inlet, SC 29576

Telephone - (573) 446-6446
Email - mcclellandtravel@gmail.com

1. PASSENGER INFORMATION (must match your passport or birth certificate)

First Passenger's Name _____

First Passenger's Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Cell) _____

Passport Number _____ **Place of Issue** _____

Date of Issue _____ Date of Expiration _____

Birth date _____ Email address _____

Citizenship _____

_____ I have sailed on Celebrity Captain's Club # _____

Second Passenger's Name _____

_____ **Address same as above**

Second Passenger's Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Cell) _____

Passport Number _____ **Place of Issue** _____

Date of Issue _____ Date of Expiration _____

Birth date _____ Email address _____

Citizenship _____

_____ I have sailed on Celebrity Captain's Club # _____

2. CRUISE INFORMATION

Southern Caribbean cruise, sailing on February 18, 2018 for 7 nights.
Cruise Line: Celebrity Cruise Lines Name of Ship: Reflection
Ports: Ft Lauderdale; George Town, Grand Cayman; Cartagena, Colombia;
Oranjestad, Aruba; Kralendijk, Bonaire; Ft Lauderdale

3. CABIN INFORMATION (Taxes, Port Charges are included)

Veranda **2133.74 per person, double occupancy* (Prices subject to change and promotions)**

I'm interested in another type cabin. Please contact me.

I am interested in a Single Triple Quad cabin. Please contact me.

4. TRIP INSURANCE INFORMATION: Trip Insurance is highly recommended and can be arranged by **McClelland Travel**.

Yes, I want to purchase trip insurance. Please quote a price.

No, I do not want to purchase trip insurance. Please initial _____

5. PAYMENT INFORMATION

I will pay by check. I am enclosing a personal check or money order, payable to **McClelland Travel** for \$450 for each passenger to secure my reservation. I will pay the balance due as per the payment schedule received with my confirmation.

I will pay by the following credit card. My account will be charged \$450 per passenger immediately to secure my reservation. The balance will be charged as per the payment schedule received with my confirmation.

American Express Visa MasterCard Discover

Card Number: _____/_____/_____/_____ Expiration Date: MO/YR _____/_____

CVC Number: _____ (3 or 4 digit number)

Card Holder's Name _____

Billing Address _____

City _____ State _____ Zip _____

I authorize **McClelland Travel** to automatically charge deposits, payments, insurance and cancellation fees to my credit card in accordance with the payment schedule and cancellation policy.

Card Holder's Signature _____ Date _____

6. DEPOSITS AND FINAL PAYMENT SCHEDULE PER PERSON:

A refundable **\$900** deposit must accompany all reservations to confirm your cabin on the cruise.

Final Payment is due by November 9, 2018

A payment schedule and cancellation policy will be sent with your confirmation.

7. CHANGES IN PASSENGER NAME: Any changes in passenger names are subject to the cruise lines' policies and will incur a charge.

8. Documents: All documents are eDocs and you be able to go online and complete your information and print out all documents.

9. Passports and Proof of Citizenship: We strongly recommend all guests travel with a passport (valid for at least six months beyond completion of travel). Having these documents will enable them to fly from the U.S. to a foreign port in the event they miss their scheduled embarkation or to fly back to the U.S. if they need to disembark the ship mid-cruise due to an emergency.

For more information, a complete list of WHTI-compliant documents or to obtain a passport application, visit www.travel.state.gov

10. Signature/Authorization - to be signed by each passenger.

I certify that I am at least 18 years of age. I have read the above terms and conditions regarding liability, responsibility, payments schedules, deposit policy, and other matters and agree to the provisions thereof. I have been offered travel cancellation insurance and agree to the travel insurance terms and conditions.

First Passenger's Signature _____ Date _____

Second Passenger's Signature _____ Date _____