



West Coast Line Dancers CRUISE RESERVATION FORM Celebrity Eclipse – July 8, 2027

(Please complete one reservation form PER CABIN)
NAMES MUST MATCH YOUR PASSPORTS!!

LEGAL NAMES PLEASE:

Passenger #1: _____ Date of Birth: _____ Cruise Line ID # _____

Passenger #2: _____ Date of Birth: _____ Cruise Line ID# _____

Passenger #3: _____ Date of Birth: _____ Cruise Line ID# _____

T-shirt - please note that the t-shirts run small. T-shirts come in size Small, Medium, Large, X-Large and XX-Large. Please indicate how many t-shirts you would like and what size (s). One t-shirt per person is included in your fare, if you'd like to purchase additional t-shirts, you may at the cost of \$20 per shirt which will be added to your total.

Passenger #1, t-shirt size? _____ How many? _____ **Passenger #2**, t-shirt size? _____ How Many? _____

Passenger #3, t-shirt size? _____ How Many? _____

CABIN TYPE DESIRED:

_____ Aqua Class Veranda (A2) _____ Veranda (V2) _____ Ocean View (O2)

DINING: We will be seated as a group for dining, if you don't want to dine with the group, please advise.

CITIZENSHIP:

Are all passengers U.S. Citizens? _____ If no, please advise which passenger(s) are not US Citizens and from what country they hold citizenship: _____

U.S. Citizens are **required** to have a valid passport for travel on this cruise. You should secure your passport as early as possible to avoid any delays if you don't already have a valid passport. More than likely the European ETIAS will be in place, Electronic Travel Authorization, you will be given information once this has been put into place.

CANCELLATION PENALTIES vary from cruise to cruise, but generally penalties do not apply until cruise is paid in full. Please see bottom of reservation form for exact dates and penalty amounts. Insurance is highly recommended for all vacations.

INSURANCE: We will be happy to give you a quote for insurance. Insurance cost is based upon your age, duration of the trip and your trip cost. Please choose one of these options:

_____ **YES, I WOULD LIKE TO INSURE MY TRIP, PLEASE QUOTE THE COST OF INSURANCE.**

_____ **NO, I AM NOT INTERESTED IN PURCHASING TRIP INSURANCE AND I REALIZE THAT I AM SUBJECT TO THE OUTLINED PENALTIES SHOULD I NEED TO CANCEL.**

PAMS PATH TO TRAVEL, CST#2076527-40, WWW.PAMSTRAVEL.NET

PAYMENT:

**Please charge my deposit to the credit card below. Deposit amount is \$450 per person.
(Please complete a separate "page 2" form if each passenger is using a separate card for their payment)**

Please complete the following information for the credit card you wish to use:

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Name as it appears on the card: _____

Billing Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

Signature: _____ Date: _____

Would like your final payment automatically charged to the same credit card? **FINAL PAYMENT Due APRIL 2, 2027**

_____ Yes _____ No

You may return these forms via hand delivery, email or mail, whichever is most convenient.

Email: mandi@pamstravel.net

Mail: PAMS PATH TO TRAVEL

Attn: Mandi Muscolo

675 Division St.

Campbell, CA 95008

Phone: 408-529-1013

SCHEDULE OF CANCELLATION FEES:

Please be aware of the following cancellation deadlines and applicable penalties:

April 10, 2027.....25% of total charges penalty

April 25, 2027.....50% of total charges penalty

May 9, 2027.....75% of total charges penalty

June 8, 2027.....100% non-refundable

WHO REFERRED YOU TO THIS CRUISE: _____