

RESERVATION FORM - February 23-March 3, 2012
Windward Island Cruise * Royal Clipper
CITIZENS RESTORING CONGAMOND

*** **IMPORTANT:** *Names must be **PRINTED** as they appear on your Passport.*

Credit Card #: _____ Expiration: _____ **Please charge, Deposit** _____ *Balance _____ Both _____
* Please note: Only MasterCard or Visa may be used for final payments, and a 3% service fee will be assessed (final payment only).

1ST Passenger: _____ DATE OF BIRTH: _____

Address: _____ City: _____ State _____ Zip: _____

U.S. Citizen? _____ Y _____ N Passport # _____ E-mail _____

PHONE (W) _____ (H) _____ Cell: _____

2ND Passenger: _____ DATE OF BIRTH: _____

Address: _____ City: _____ State _____ Zip: _____

U.S. Citizen? _____ Y _____ N Passport # _____ E-mail _____

PHONE (W) _____ (H) _____ Cell: _____

Have you traveled with Star Clipper before? ___ Yes OR ___ No; # _____

OPEN SEATING DINING

STATEROOM PREFERENCE: **(Please list 1st & 2nd choice):**

Outside Cabin _____ CAT. 4 Outside Cabin _____ CAT. 3 Superior Oceanview _____ CAT. 2

Special Requests: _____

CELEBRATING: _____ WHAT DATE? _____

DEPOSIT ENCLOSED: _____ NUMBER OF PASSENGERS @ \$500 PER PERSON = \$ _____

TRIP INSURANCE IS INCLUDED

NOTE: Deposits are fully refundable if trip is cancelled at least 120 days prior to departure.

Make checks payable to: **Citizens Restoring Congamond, PO Box 651, Southwick, MA 01077**
No reservation is considered firm until your deposit is received. Final payment is due no later than

Signature _____ Today's Date: _____

Office use only: Cabin #: _____ Booking #: _____ Booked with: _____