

JHS Japan Alumni 4-Night Bahamian Reunion Personal Preference & Sign Up Sheet

My Legal Name : _____ DOB _____ Passport # _____ Exp. _____
As it appears on Passport - No Nick Names or Shortened Names mm/dd/yyyy Required Before You Travel mm/dd/yyyy

Companion's Name : _____ DOB _____ Passport # _____ Exp. _____
As it appears on Passport - No Nick Names or Shortened Names mm/dd/yyyy Required Before You Travel mm/dd/yyyy

My Mailing Address : _____

City : _____ State / Country : _____ Zip / Postal Code: _____

Phones : _____ Cellular : _____ Email : _____

Emergency Contact Person: _____ 24 HR. Phone _____

In order to register your personal preferences correctly - please C<97? or FILL-IN-THE-BLANKS to each of the following questions when making your reservation with Cook's Travel Center. Should this form have BLANK SPACES then common prerequisites or NO will be assigned. Changes will not be permitted or taken over the phone once final payment is made.

1. I am requesting the : INTERIOR - No Window Cabin OCEAN VIEW - Cabin BALCONY - Cabin
2. I am HANDICAPPED or require SPECIAL considerations for my health condition, if one is available : YES NO
 List your NAME & requirement: _____
3. I am a: VEGAN or I must only eat : KOSHER FOODS My Name: _____
4. I am a: DIABETIC (Sharps Container & Cooler Request) I use a: NEBULIZER / CPAP / BIPAP / CONCENTRATOR
5. I will require AIRFARE w/transfers to get to this ship YES NO My Gateway: _____
6. I will require additional TRANSFERS to get to this ship YES NO My Pick-Up Location: _____
7. I have a U.S. Passport: YES NO If No, What Passport COUNTRY: _____
8. I qualify for the: EMT/ FIREFIGHTER / POLICE / MILITARY / TUG/PILOT (ID REQUIRED) if available.
9. I am a REPEAT PASSENGER with this Cruise Line: YES NO I Have A REPEAT PASSENGER COUPON: YES NO
10. I have a past guest FUTURE BOOKING CERTIFICATE: YES NO
11. I would like the PRESET: EARLY 6:00 p.m. Dinner Seating (Specialty venues & options may also be available onboard) Or OPEN SEATING
12. I would like to REQUEST the: Small (2-4 person) Medium (4-6 person) Large (6-8 person) Dinner Table.
13. I would like to be CROSS-REFERENCED with my friends, if possible: _____
14. _____ is celebrating a: Birthday Anniversary Year #: _____ Date on Ship: _____
Name of the Person Celebrating Requested On Trip
15. YES, I Am or NO, I'm Not interested in buying a Cancellation, Refund & Emergency Medical Travel Insurance Policy.

If travel insurance question is not circled yes - NO is acknowledged and the buyer fully understands he / she could be subjected to the following: Cancellation/Communication/Change/Professional/Research/Service Fees imposed by Cook's Travel Center that will not exceed the buyers total charges, deposit paid, or a percentage of the total charges depending on the cancellation date. This fee is above and beyond any cancellation/communication/change/service fee imposed by the travel supplier and could result in the loss of the buyers deposit or entire payment in full should they cancel and not purchase some form of travel insurance. Cook's Travel Center is strictly a commissionable representative for various travel suppliers and will not be held liable or accountable for incidents resulting in a claim for recovery without the recommended insurance coverage as outlined and offered by Cook's Travel Center.

\$150.00 per person booking deposit required - final installment date = February 06, 2018

Credit Card Number: _____ Back 3 #'s _____ Exp: _____

Or make a check payable to Cook's Travel. Payment Amount: \$150.00 \$300.00 Payment In Full

I am interested in the E-Z No-Interest monthly payment plan: YES NO

Passengers Signature: X _____
(Required at all times)