



# TPAA 2017 Princess Cruise Mexican Riviera Booking Form December 9, 2017



<b>Passenger #1</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. (Print clearly using your full name as it appears on your passport.)		
First Name:	Middle Name:	Last Name:
Passport Number	Exp. Date	Issuing Country
Gender (Male or Female)	Citizenship	
Date of Birth	Departure Airport	

<b>Passenger #2</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. (Print clearly using your full name as it appears on your passport.)		
First Name:	Middle Name:	Last Name:
Passport Number	Exp. Date	Issuing Country
Gender (Male or Female)	Citizenship	
Date of Birth	Departure Airport	

Mailing Address:	
City, State, Zip:	
Home phone number:	Cell phone number:
Email address:	Emergency Contact name and number:

<input type="checkbox"/> Inside Stateroom (Category IF) \$599 plus tax <input type="checkbox"/> Obstructed View (Category OZ) \$699 plus tax <input type="checkbox"/> Ocean View Stateroom (Category OF) \$799 plus tax <input type="checkbox"/> Balcony Stateroom (Category BF) \$899 plus tax <input type="checkbox"/> Mini Suite (Category ME) \$1,099 plus tax  <small>Staterooms other than those listed above may be available upon request. Fares are per person, based on double occupancy and reflect all savings. Cruise-related government fees and taxes are included but are subject to change.</small>	<input type="checkbox"/> Add Princess Protection 12% or 8% of trip cost. <input type="checkbox"/> Add Travel Guard Group Protection 6.5% of trip cost. <input type="checkbox"/> Decline Travel Protection. Sign here if you are declining the Vacation Protection and verify that you understand the cancellation fees. (X) _____ Date _____
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Deposit – 20% of total cruise cost. <b>Final payment September 22, 2017</b>	
<input type="checkbox"/> Check (Made payable to Wild About Travel LLC) <input type="checkbox"/> Include Princess Vacation Protection Premium with deposit.	
<input type="checkbox"/> Credit Card Type	Expiration Date
Credit Card Number	(3 digit code back of card, Amex 4 digit code on front card) Security Code
Name as it appears on card	
Credit card billing address is the same as mailing address <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sign here authorizing charges to be billed to your card. (X) _____	
<small>(For security purposes, if emailing the form, do not include the credit card expiration date and security code. Please call with the additional information)</small>	

**To book your stateroom please return this form to:**  
 Robin Menard-Netemeyer at travel@htc.net or toll free fax from US (855) 281-1436  
 Mail forms to Wild About Travel LLC, Attn: Robin, 4750 State Route 155, Ruma IL 62278  
 For more information email travel@htc.net or call 618-282-6024