



✦ **PERSONAL INFORMATION**

| | |
|--|--|
| | |
|--|--|

Guest #1 Name as listed on Passport Birth Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Passport Number Exp. Date Citizenship

Past Catholic Answers Cruiser: Yes No

Past Holland America Cruiser: Yes No

| | |
|--|--|
| | |
|--|--|

Guest #2 Name as listed on Passport Birth Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Passport Number Exp. Date Citizenship

Past Catholic Answers Cruiser: Yes No

Past Holland America Cruiser: Yes No

| | |
|--|--|
| | |
|--|--|

Guest #3 Name as listed on Passport Birth Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Passport Number Exp. Date Citizenship

Past Catholic Answers Cruiser: Yes No

Past Holland America Cruiser: Yes No

| | |
|--|--|
| | |
|--|--|

Guest #4 Name as listed on Passport Birth Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Passport Number Exp. Date Citizenship

Past Catholic Answers Cruiser: Yes No

Past Holland America Cruiser: Yes No

Referred by:

Mailing Address (No P.O. Box please)

City, State, Zip

| | |
|--|--|
| | |
|--|--|

Daytime Phone Cell Phone

email address

General Information

The Catholic Answers Cruise group will dine together at at the 6:00pm dinner seating, unless otherwise noted. The dining room is non-smoking.

Name of friends/family you wish to dine with.
Frequency: Every Night 3-4 Times Just once

Medical/Dietary/Special Requests

Are there any medical, dietary or special needs or requests we should know about?

Guest #1 _____
Guest #2 _____
Guest #3 _____
Guest #4 _____

✦ **CRUISE RESERVATION**

(Rates are per person and include all port charges and taxes, all gratuities, meals, entertainment, and Group activities. Failure to appear for embarkation for any reason constitutes a cancellation subject to full penalties. Personal items not included.)

1. Cabin Category Selection

1st Choice of Cabin Category _____
2nd Choice of Cabin Category _____
Bedding Request: 2 Twin beds 1 Queen Bed
Booking Single?: Should we try to match you with a roommate? No Yes (Smoker?)
If we are unable to arrange a roommate or if a roommate cancels, single rates will apply.

2. Air Arrangements (check one only)

I/we will make our own flight arrangements.
(Arrive into Athens on 10/2/08 by noon, Depart Rome after 11am on 10/16/08).
 I would like for The Cruise Authority to customize roundtrip air from _____
 Coach Business Class First Class

Arrival date: _____
Departure date: _____
Preferred carrier: _____

Cruise line air and transfer package.
(Note that The Cruise Authority does not have control over the flight schedule or carrier assigned by the cruise line. Flight times and connections may not always be ideal.)

3. Pre-/Post-cruise stays

I/we will purchase the Athens pre-cruise package.
 I/we will purchase the Catholic Answers sponsored Rome post-cruise package.

