

Tour #: _____
Tour Date: _____
Alaska Specialist: _____
City: _____
Booked By: _____
Booking Date: _____



BOOKING REQUEST FORM

OFFICE USE ONLY
Booking #: _____
Cabin #: _____
Air Info: _____

Guest #1 Information

First Name: (Mr./Mrs./Ms.) _____
Middle Name: _____
Last Name: _____
Nickname (will appear on blue jacket): _____
Date of Birth: _____ Citizenship: _____
Passport/Driver's License #: _____
Passport Expiration Date: _____ Weight: _____
Jacket Size (Men's Sizes): XS S M L XL 2XL 3XL
TSA/Global Entry #: _____

Room Occupancy (single, double, trip or quad): _____
of Beds (1 Bed or 2): _____

Guest #2 Information

First Name: (Mr./Mrs./Ms.) _____
Middle Name: _____
Last Name: _____
Nickname (will appear on blue jacket): _____
Date of Birth: _____ Citizenship: _____
Passport/Driver's License #: _____
Passport Expiration Date: _____ Weight: _____
Jacket Size (Men's Sizes): XS S M L XL 2XL 3XL
TSA/Global Entry #: _____

Inside Passage Adventure Add-On

Ship: _____ Cabin Category: _____
Please Circle: Smoking or Non-Smoking Room
Rain Gear (Men's Sizes)-
Pant Size Guest #1: _____ Pant Size Guest #2: _____
Boot Size Guest #1: _____ Boot Size Guest #1: _____
Large Ship Dining Room Seating Preference (please circle):
Early Seating, Late Seating or Select Dining/ My Time Dining
Cruise Line & Loyalty #: _____

Traveling with other guests ? (list names): _____

Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Work/ Cell Phone: _____
E-mail Address: _____
Dates at This Mailing Address: _____ thru _____
Alternate Address: _____
City: _____ State: _____ Zip: _____
Alternate Home Phone: _____
Dates at This Mailing Address: _____ thru _____

Emergency Contact

Full Name: _____
Phone #: _____
Relation To You: _____

Special Notes

Dietary Needs/Food Allergies: _____
Comfortable with Stairs or Walking? (please circle) YES NO
Bringing a Scooter or Walker? (please circle) YES NO
Bringing a Sleep Apnea Machine (CPAP)? YES NO
Special Occasions while Traveling with Us: _____
Additional Requests: _____

Additional Notes

Per Person Pricing & Discounts

Cruise/Tour Package: _____
Add Pre/Post Tour/Cruise: _____
Subtract Booking Discount: _____
Subtract Other Discounts: _____
Add Airfare: _____
FINAL PRICE: _____
E-mail Confirmation: Yes No Price Reviewed With Staff: Yes No

How Did You Hear About Us?

Primary: _____ Secondary: _____

Reserve Your Tour:

Deposit requirement for reserving your space is \$500 per person, fully refundable prior to 90 days before departure, minus a 4% fee for monies paid by credit card. Deposits may be made by check, cash or credit card. Please mail your check or cash deposit within 10 days of calling in your reservation.

Credit Card #: _____ Exp Date: _____ Security Code: _____ Amount Charged: _____
Credit Card #: _____ Exp Date: _____ Security Code: _____ Amount Charged: _____