



Instructions: Complete reservation form and return to—

Expedia Cruises
15375 W Bluemound Road, Suite 120
Brookfield, WI 53005
Phone: (262) 955-1980
Email: above@expediacruzises.com or pnys@expediacruzises.com

Vince Vitrano & WTMJ – Wonder of the Seas

Depart December 29, 2024

Return January 5, 2025

STATEROOM INFORMATION

Stateroom Category

Balcony Ocean View Interior

Occupancy

Double (2) Triple (3) Quad (4) Single

CLIENT INFORMATION

Legal Name *First, Middle, Last (as it appears on your passport)*, **Date of Birth**, and **Passport Number** for all guests below.

Guest 1

First Name	Middle Name	Last Name
Date of Birth <i>Month/Day/Year</i>	Passport Number	Passport Expiration Date <i>Month/Day/Year</i>
TSA Known Traveler Number <i>If applicable</i>	Special Dietary Needs <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Specify:</i>	Accessibility Requirements <i>i.e., accessible stateroom</i> <input type="checkbox"/> No <input type="checkbox"/> Yes

Guest 2

First Name	Middle Name	Last Name
Date of Birth <i>Month/Day/Year</i>	Passport Number	Passport Expiration Date <i>Month/Day/Year</i>
TSA Known Traveler Number <i>If applicable</i>	Special Dietary Needs <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Specify:</i>	Accessibility Requirements <i>i.e., accessible stateroom</i> <input type="checkbox"/> No <input type="checkbox"/> Yes

Guest 3

First Name	Middle Name	Last Name
Date of Birth <i>Month/Day/Year</i>	Passport Number	Passport Expiration Date <i>Month/Day/Year</i>
TSA Known Traveler Number <i>If applicable</i>	Special Dietary Needs <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Specify:</i>	Accessibility Requirements <i>i.e., accessible stateroom</i> <input type="checkbox"/> No <input type="checkbox"/> Yes

Guest 4

First Name	Middle Name	Last Name
Date of Birth <i>Month/Day/Year</i>	Passport Number	Passport Expiration Date <i>Month/Day/Year</i>
TSA Known Traveler Number <i>If applicable</i>	Special Dietary Needs <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Specify:</i>	Accessibility Requirements <i>i.e., accessible stateroom</i> <input type="checkbox"/> No <input type="checkbox"/> Yes

ADDRESS INFORMATION

Home Address *Street, City, State, Zip*

Street Address	City	State	Zip
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Home Phone <i>Area Code/No.</i>	Cell Phone <i>Area Code/No.</i>	Email Address
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DEPOSIT / PAYMENT REQUIREMENTS

A deposit of \$500 is required to reserve your stateroom. **Full and final payment will be due no later than September 30, 2024.** Your final balance will be charged to the credit card on file unless you advise Expedia Cruises of an alternative credit card for payment.

I authorize Expedia Cruises to charge the initial deposit of \$500 to my credit card as follows:

Credit Card Number	Expiration Date <i>Mo./Year</i>	Security Code
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Name of Card Holder <i>As listed on credit card</i>	Address of Card Holder <i>If different than listed above</i>
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CANCELLATIONS / CHANGES

Deposits are refundable up to final payment. After final payment has been made, contact Expedia Cruises for cancellation penalties. We strongly recommend that you purchase trip cancellation insurance. This optional protection must be purchased at the time of initial booking/deposit.

Any additional questions, phone (262) 955-1980 or email above@expediacruzies.com or pnys@expediacruzies.com