



*SSOMS Azamara Amalfi & Dalmation Coast Voyage
Registration Form
September 13 – 20, 2018*

Name: (Per passport) _____
Date of Birth: _____ Passport # _____
Passport expiration date _____
Name: (Per passport) _____
Date of Birth: _____ Passport # _____
Passport expiration date _____
Address _____
City/State _____ Zip _____
Phone _____ Mobile _____
E-mail _____
If not listed above: Rooming with _____
SSOMS Azamara cruise per person category choice _____

Deposit: _____ \$1,100 per person
For Single Supplement and 3rd guest in room, call for pricing

Air quotes available by early December 2017

Emergency contact name, phone and email _____

Travel Insurance will be available - price based on cost of trip, Call or Email for Prices

I accept insurance _____ (initial)

I decline insurance _____ (initial)

Custom Travel & Cruise strongly suggests that all clients have travel insurance. I, the undersigned, have been provided insurance and decline _____

(date) _____

Check () If paying by check, please make check payable to Custom Travel & Cruise

Credit Card: Type _____

CC # _____ Exp Date _____

Sec. # _____

Name on card (Print) _____

Signature _____

Credit Card billing address if different from above _____

Please use card for final payment when due. Yes () No ()

Please give us just a little further information.

1. Do you have any physical ailments or special needs? 2. Do you have trouble walking? _____

3. Do you have food allergies? _____

If so, please list. _____

4. Do you have friends or family that you would like a copy of the brochure? This is open to others beside SSOMS members. If so, please list with their e-mail or home address.

I am interested in information on a pre or post-cruise extra package. Yes or No

Return registration form to:

Linda Kinsey

Custom Travel & Cruise

4494 Stratford Drive

Douglasville, GA 30135

770-949-1133

Or email to Linda@customtravel-cruise.com

Or fax to: 770-726-7884