



PLEASE PRINT CLEARLY - EACH PASSENGER MUST FILL OUT HIS/HER OWN FORM

NAME _____
(Check One) (Mr.) _____ (Mrs.) _____ (Miss) _____ (Ms.) _____

(First, Middle and Last Name. Exactly as printed on your Passport.)

The Charge To Change An Incorrect Name On Documents Is \$150.00 Including FedEx Charges.)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (_____) _____ CELL PHONE NUMBER (_____) _____

DATE OF BIRTH _____ COUNTRY OF BIRTH _____

E-MAIL _____

U.S. PASSPORT NUMBER _____ ISSUING AUTHORITY _____

For example: United States Department of State (USDOS)

DATE ISSUED _____ DATE OF EXPIRATION _____

NAME OF PERSON WITH WHOM YOU WILL BE ROOMING: _____

CRUISE CATEGORY _____ COST \$ _____ AMOUNT OF DEPOSIT ENCLOSED FOR CRUISE \$ _____

YOUR DEPOSIT WILL SECURE YOUR RESERVATION. THE REST OF YOUR TRIP COST IS DUE BY YOUR FINAL PAYMENT DATE.

\$100 OF YOUR DEPOSIT IS NON-REFUNDABLE. AFTER 121 DAYS PRIOR TO DEPARTURE ADDITIONAL CANCELLATION PENALTIES APPLY. SEE VIKING BROCHURE FOR DETAILS.

AMOUNT OF INSURANCE PREMIUM ENCLOSED* \$ _____ DATE OF INSURANCE PAYMENT _____

**TRAVEL PROTECTION IS RECOMMENDED AND OPTIONAL. SEE OTHER SIDE FORMORE INFORMATION AND PLAN RATES.*

BED PREFERENCE

OPEN DINING

1 QUEEN BED _____ 2 LOWER BEDS _____

TRIPLES (2 Lowsers, 2 Uppers) _____

SPECIAL OCCASION? BIRTHDATE _____ ANNIVERSARY DATE _____

ARE YOU A PAST PASSENGER WITH THIS CRUISE LINE? YES _____ NO _____ Viking Explorer Society # _____

IS AIRFARE INCLUDED ON THIS RESERVATION? YES _____ NO _____

IF INCLUDED, PLEASE FILL IN DEPARTURE CITY: _____ AIRPORT: _____

EMERGENCY CONTACT NAME, RELATIONSHIP TO YOU & PHONE NUMBER: _____

****When we book your cruise, we must tell the cruise line if you would like to be automatically upgraded, if an upgraded cabin becomes available. This WILL change your cabin and LOCATION on the ship. **WOULD YOU PREFER TO KEEP YOUR ORIGINAL CABIN OR TO BE UPGRADED AND MOVED?****

Keep my original cabin _____ OR Upgrade and change my cabin _____ (Please check one)



TOUR PROTECTION PLAN through TRAVELEX INSURANCE SERVICES

<i>TRIP COST</i>	<i>PLAN COST PER PERSON</i>
\$1 - \$500	\$49
\$501 - \$1000	\$86
\$1001 - \$1500	\$125
\$1501 - \$2000	\$169
\$2001 - \$2500	\$214
\$2501 - \$3000	\$262
\$3001 - \$3500	\$316
\$3501 - \$4000	\$373
\$4001 - \$4500	\$422
\$4501 - \$5000	\$492
\$5001 - \$6000	\$545
\$6001 - \$7000	\$673
\$7001 - \$8000	\$757
\$8001 - \$9000	\$822
\$9001 - \$10,000	\$920

For trip cost above \$10,001, please contact us.

<i>BENEFITS</i>	<i>AMOUNT PER PERSON</i>
Trip Cancellation	Up to 100% Trip Cost
Trip Interruption	Up to 150% of Trip Cost
Trip Delay	\$750 (\$300/day)
Missed Connection	\$750
Baggage & Personal Effects	\$1,000
Equipment Delay	\$500
Baggage Delay	\$250
Emergency Medical Expense	\$50,000 (\$750 dental sublimit)
Emergency Medical Evacuation & Repatriation	\$250,000
AD&D (Accidental Death & Dismemberment)	\$25,000
Travel Assistance & Concierge Services	Included

To be eligible for the waiver of the Pre-Existing Condition Exclusion, the plan must be purchased within 21 days of initial trip deposit, full trip cost must be insured, and you must be medically fit to travel at time of plan purchase.

To view/download the Policy, go to: <http://policy.travelexinsurance.com/319A-1217>.

The purchase of this product is not required in order to purchase any other travel product or service. The products being offered provide insurance coverage that only applies during your covered trip. You may have insurance coverage from other sources that provide similar benefits but may be subject to different restrictions depending upon the coverage. You may wish to compare the terms of the travel policy offered through Travelex with any existing life, health, home and automobile insurance policies you may have. If you have questions about your coverage under your existing insurance policies, contact your insurer or insurance agent or broker. The product descriptions provided here are only brief summaries and may be changed without notice. The full coverage terms and details, including limitations and exclusions, are contained in the insurance policy. Travel Insurance is underwritten by, Berkshire Hathaway Specialty Insurance Company (formerly known as Stonewall Insurance Company); NAIC #22276. GRO Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Please visit www.travelexinsurance.com/company/fraud-warning to view the state specific fraud warnings or call 844.845.8691.

Insurance payments must be made out to Grand American Tours from the individuals traveling, not from an organization or group leader. This is to protect the organization from liability. We are an agency providing travel services for 3rd parties and hence we are not responsible for delays, damages, injuries or incorrect visa/passport information.

1-800-423-0247 • 610-328-4181 • Fax: 610-328-4769

www.grandamericantours.com