

**RESERVATION FORM (ONE PER CABIN)**  
**ALASKA 2009 CUSTOM FLEXIBLE TRAVEL ITINERARY**

**Cruise Only June 12-19; Cruisetour "A" June 12-22; Cruisetour "B" June 12-26**

ESCORTED BY THE ALASKA TRAVEL EXPERTS

**LAWTON & BARBARA ROBERTS**

*(See Separate Cruise and Land Itinerary Descriptions)*

**A. NAMES OF ALL PASSENGERS IN SAME CRUISESHIP CABIN OR HOTEL ROOM:**

(FIRST NAME & LAST NAME ONLY, EXACTLY AS THEY APPEAR ON YOUR PASSPORT; Middle Name Not Required)

1. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
2. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
3. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
4. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**B. CIRCLE CABIN SELECTION CRUISE FARES ARE QUOTED PER PERSON DOUBLE OCCUPANCY:**

CABIN TYPE      CATEGORIES      PRICE PER PERSON      PRICE FOR 3<sup>RD</sup>/4<sup>TH</sup> PERSON SAME CABIN

*(New Lower Prices Posted As Of Feb 4, 2009)*

INSIDE-----9-----\$519-----Available upon request  
OUTSIDE-----6-----\$809-----Available upon request  
BALCONY-----2B-----\$1,109-----Available upon request  
BALCONY-----2C-----\$1,149-----Available upon request

**C. 7-NIGHT CRUISE PRICE: (Circle Dining Request: Default Group Dining = 6:15pm. Late Dining = 8:30pm)**

PRICE OF CRUISE FARE= \$ \_\_\_\_\_ PER PERSON TIMES FIRST TWO PASSENGERS-----=\$ \_\_\_\_\_  
PRICE OF 3<sup>RD</sup>, 4<sup>TH</sup> PERSON IN SAME CABIN = \$ \_\_\_\_\_ TIMES NUMBER OF PASSENGERS-----=\$ \_\_\_\_\_  
GOVT TAXES (\$114.10 PER PERSON)------(FUEL SUPPLEMENT NO LONGER REQUIRED)-----=\$ \_\_\_\_\_  
PRE-CRUISE TRANSFERS VANCOUVER AIRPORT TO SHIP ON DAY OF SAILING (\$36 PER PERSON) -----=\$ \_\_\_\_\_  
POST-CRUISE TRANSFERS, SEWARD TO ANCHORAGE AIRPORT (for cruise-only passengers), (\$79 PER PERSON)-----=\$ \_\_\_\_\_  
TOTAL PRICE FOR THE CRUISE, ALL PASSENGERS THIS CABIN = -----=\$ \_\_\_\_\_  
LESS DEPOSIT OF \$250 PER PERSON, DUE AT TIME OF RESERVATION---paid by: Check / Cash / Credit Card-----=\$ \_\_\_\_\_  
FINAL PAYMENT ON CRUISE PORTION DUE BY MARCH 27, 2009-----paid by: Check / Cash / Credit Card-----=\$ \_\_\_\_\_

**D. 3-NIGHT TOUR "A" PRICE: (\$787 PER PERSON FOR 3-NIGHT KENAI LAND PACKAGE):**

PRICE OF TOUR "A" = \$787 PER PERSON, DOUBLE OCCUPANCY -----=\$ \_\_\_\_\_  
LESS DEPOSIT OF \$250 PER PERSON-----paid by: Check / Cash / Credit Card-----=\$ \_\_\_\_\_  
FINAL PAYMENT DUE ON TOUR "A" DUE BY MARCH 27, 2009-----paid by: Check / Cash / Credit Card-----=\$ \_\_\_\_\_

**E. 7-NIGHT TOUR "B" PRICE: (\$2,120 PER PERSON, FOR 3-NIGHT KENAI + 4-NIGHT DENALI TOUR):**

PRICE OF TOUR "B" = \$2,120 PER PERSON, DOUBLE OCCUPANCY -----=\$ \_\_\_\_\_  
LESS DEPOSIT OF \$250 PER PERSON-----=\$ \_\_\_\_\_  
FINAL PAYMENT DUE ON TOUR "B" DUE BY MARCH 27, 2009-----paid by: Check / Cash / Credit Card-----=\$ \_\_\_\_\_

**F. TERMS AND CONDITIONS FOR CANCELLING YOUR TRIP:**

IF CANCELLED BEFORE MARCH 30, 2009-----CANCELLATION FEE = \$50 PER PERSON  
IF CANCELLED BETWEEN MARCH 31, 2009 AND MAY 7, 2009-----CANCELLATION FEE = \$300 PER PERSON  
IF CANCELLED BETWEEN MAY 8, 2009 AND MAY 29, 2009-----CANCELLATION FEE = 50% OF TOTAL TRIP PRICE PLUS \$50 PER PERSON  
IF CANCELLED AFTER MAY 29, 2009-----CANCELLATION FEE = 100% OF TOTAL TRIP PRICE PLUS \$50 PER PERSON

**G. TRAVEL INSURANCE (TO REIMBURSE YOU FOR TRIP CANCELLATION FEES):**

IS AVAILABLE TO REIMBURSE YOU FOR TRIP CANCELLATION FEES INCURRED WHEN YOU CANCEL YOUR TRIP DUE TO A MEDICAL EMERGENCY IN YOUR IMMEDIATE FAMILY. THIS INSURANCE WILL ALSO COVER CANCELLING DUE TO PREEXISTING CONDITIONS IF THE INSURANCE IS PURCHASED WITHIN 14 DAYS OF MAKING YOUR INITIAL TRIP DEPOSIT. MEDICARE PROVIDES NO COVERAGE FOR U.S. CITIZENS TRAVELING OUTSIDE THE UNITED STATES. INSURANCE PREMIUMS ARE DETERMINED BY PRICE OF TRIP PLUS AGE BRACKET. RATES QUOTED UPON REQUEST.

I WOULD LIKE TO PURCHASE TRAVEL INSURANCE IN ORDER TO BE REIMBURSED FOR TRIP CANCELLATION FEES IF I CANCEL DUE TO A MEDICAL REASON, AND TO PROVIDE BASIC MEDICAL COVERAGE OUTSIDE THE UNITED STATES: (please initial) YES \_\_\_\_\_ NO \_\_\_\_\_

**H. PROOF OF CITIZENSHIP AND IDENTIFICATION REQUIREMENTS:**

**U. S. CITIZENS:** REQUIRED FOR ALL PASSENGERS REGARDLESS OF AGE: A VALID PASSPORT WHICH DOES NOT EXPIRE WITHIN 6 MONTHS OF YOUR LAST DATE OF TRAVEL. FAILURE TO PRESENT A VALID PASSPORT AT TIME OF BOARDING (PLANE OR SHIP) WILL RESULT IN DENIED BOARDING AND FORFEITURE OF ALL PAYMENTS, NO REFUND, NO EXCEPTIONS. (Transportation Security Administration Policy)

**NON-U. S. CITIZENS:** CONTACT COUNTRY PLACE TRAVEL FOR YOUR SPECIFIC PROOF OF CITIZENSHIP AND IDENTIFICATION REQUIREMENTS.

**I. TERMS & CONDITIONS:** I have read and agree to the terms and conditions of payment, trip cancellation fees, recommended travel insurance to insure against canceling for a medical reason, and proof of citizenship requirements.

(X) \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

CREDIT CARD NUMBER      EXPIRATION DATE      AMOUNT  
VISA      MASTER CARD      AMER EXPRESS      DISCOVER

PRINT THE NAME AS IT APPEARS ON YOUR CREDIT CARD

FAX OR MAIL RESERVATION FORM TO: COUNTRY PLACE TRAVEL      Cabin # \_\_\_\_\_ CF # \_\_\_\_\_

4511 COTTON TRAIL, SNELLVILLE, GA 30039  
770-338-1184(phone)      678-802-3670(fax)

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