

Use Cash app; Quickpay or Zelle Payments: (cpclientstravel@gmail.com) or (reeddeborahr@gmail.com)

CRUISING PLEASURES, LLC – South African Experience 2019

These are your dates to travel: Select your Itinerary: _____ Base trip; + _____ Part 1 + _____ Part 2
____ Your Hometown to New York (JFK) - October 7, 2019 - JFK Hotel overnight.
____ JFK to Johannesburg – October 8, 2019
____ Johannesburg, SA to NY JFK on _____ tbd based on your chosen itinerary.

RESERVATION FORM (for 1 or 2 passengers) ROOMMATE: _____

PASSENGER #1 _____ DOB _____

EMAIL ADDRESS: _____ IS THE PASSENGER A U. S. CITIZEN? _____

ADDRESS _____ APT # _____ /HOUSE _____

CITY _____ STATE _____ ZIP _____

PHONE: #1 Home (____) _____ Work (____) _____ Cell: (____) _____

PASSPORT INFORMATION: (EXACTLY AS WRITTEN ON PASSPORT) CANNOT EXPIRE BEFORE MAY, 2020 _____

NAME: _____ PASSPORT# _____ ISSUED: _____ EXP: _____

PASSENGER #2 _____ DOB _____ (____)

EMAIL ADDRESS: _____ IS THE PASSENGER A U. S. CITIZEN? _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

PHONE: #1 Home (____) _____ Cell: (____) _____

PASSPORT INFORMATION: (EXACTLY AS WRITTEN ON PASSPORT) CANNOT EXPIRE BEFORE MAY, 2020 _____

NAME: _____ PASSPORT# _____ ISSUED: _____ EXP: _____

New York JFK Hotel Accommodations requested: Yes _____ No _____

_____ 2 Double beds _____ 1 King bed _____ Single rm _____ Double rm _____ Triple rm

Hometown Airport : _____ Airline: _____ - To arrive @ New York JFK

TRAVEL INSURANCE OPTION:

Travel insurance is recommended and is non-refundable. For concerns: contact the Mrs. Reed or seek information on the internet regarding types of policies offered. Insurance fee is to be paid upfront within 10 days of total deposit.

PLEASE INITIAL:

TRAVEL INSURANCE ACCEPTED: _____ TRAVEL INSURANCE DENIED _____

Any Physical Disability: Explain _____

EMERGENCY INFORMATION: (should not be someone travelling with you)

NAME: _____ RELATIONSHIP TO YOU: _____

EMAIL ADDRESS: _____ TELEPHONE: _____ CELL: _____