

REGISTRATION FORM - 2017 AWG - IRELAND

NAME AS THEY ARE ON PASSPORTS

NICKNAME

DATE OF BIRTH (MM/DD/YY)

1. _____
2. _____

STORE NUMBER _____

I NEED AIRFARE* Y/N_____ If YES, Circle Gateway City:

*Airfare is additional & a \$75pp service fee will apply

Kansas City • Dallas/Ft. Worth • Oklahoma City • Nashville • St. Louis • Memphis • OTHER _____

TRAVEL INSURANCE * Y/N_____ *Travel Insurance is additional

MAILING ADDRESS - Your travel documents will be sent here

Street _____
City _____ State _____ Zip _____
Home Phone [_____] _____ Business Phone [_____] _____
Cell Phone _____ Email Address _____

PAYMENT OPTIONS

BILL WEEKLY STATEMENT _____ Billing commences 9/30/16 and ends 6/2/17

Your weekly bill amount will be based on the complete travel package price, anticipated airfare and travel insurance if requested. Final weekly billing will be adjusted based on actual trip cost.

CASH/CHECK _____

CREDIT CARD MC_____ VISA_____ DISCOVER_____ AMEX_____

Credit card payments are to be used for airfare and travel insurance if preferred.

Name as it appears on card: _____

Card Number _____ Exp Date _____ Sec Code _____

Please use my cc for the deposit only _____ Please use my cc for my deposit and final payment _____

Authorized signature of card holder _____

If billing address is different than listed above, please provide billing address

SPECIAL OCCASIONS AND SPECIAL NEEDS:

Birthday (mm/dd) _____ Name _____ Anniversary? (mm/dd) _____

Special Medical or Dietary Needs _____

OPTIONS FOR RETURNING THIS FORM:

Scan and email this form to lynnette@chkc.travel

Fax this form to 816-741-7123

Call Cruise Holidays and ask for the AWG Desk - Lynnette : 800-869-6806

**Pricing is subject to change

