

ANNUAL THANKSGIVING CRUISE RESERVATION FORM
MSC MERAVIGLIA — 7 NIGHT WESTERN CARIBBEAN WONDERS

2019 NOVEMBER 24 - DECEMBER 1 FROM PORT MIAMI

PORTS OF CALL: COSTA MAYA, BELIZE CITY, ISLA DE ROATAN, OCEAN CAY MSC MARINE RESERVE

PRINT LEGIBLY! FILL OUT COMPLETELY! Fax to: 1-877-650-2636 or email to: Marlene@Porges.us

There must only be one reservation form per cabin!

For double occupancy cabins return only page 1! For questions: Tel: +1.407.544.1093 WhatsApp +1.321.624.4844

Passenger 1 Information:

MSC VOYAGER CLUB NUMBER IF APPLICABLE:

Cabin Category: I2 O2 B2 B3 S3 YC1 **(CIRCLE ONE)**

Cabin Occupancy: Double Triple Quad **(CIRCLE ONE)**

Passenger 1 Name (as it appears on Passport / Government ID):

Passenger 1 Address :

(City, State, Zip)

Passenger 1 date of birth: Month Day Year

Passenger 1 telephone:

Passenger 1 email:

Dining: EARLY SEATING LATE SEATING **(CIRCLE ONE)** **Prepaid gratuities:** Yes or No **(CIRCLE ONE)**

Vacation protection: Yes or No **(CIRCLE ONE)** **Pay in full:** Yes or No **(CIRCLE ONE)**

Special needs: (medical, diet, etc.)

CC# / exp day / exp yr / 3 digit security code:

Name as it appears on card:

CC billing address:

Payment amount:

Passenger 2 Information:

MSC VOYAGER CLUB NUMBER IF APPLICABLE:

Passenger 2 Name (as it appears on Passport / Government ID):

Passenger 2 Address:

(City, State, Zip)

Passenger 2 date of birth: Month Day Year

Passenger 2 telephone:

Passenger 2 email:

Dining: EARLY SEATING LATE SEATING **(CHECK ONE)** **Prepaid gratuities:** Yes or No **(CIRCLE ONE)**

Vacation protection: Yes or No **(CIRCLE ONE)** **Pay in full:** Yes or No **(CIRCLE ONE)**

Special needs (medical, diet, etc.):

CC# / exp day / exp yr / 3 digit security code:

Name as it appears on card:

CC billing address:

Payment amount:

Passenger 1 Name From Page 1 If Applicable:

Passenger 3 Information:

MSC VOYAGER CLUB NUMBER IF APPLICABLE:

Passenger 3 Name (as it appears on Passport / Government ID):

Passenger 3 Address:

(City, State, Zip)

Passenger 3 date of birth: Month Day Year

Passenger 3 telephone:

Passenger 3 email:

Dining: EARLY SEATING LATE SEATING (CIRCLE ONE) **Prepaid gratuities:** Yes or No (CIRCLE ONE)

Vacation protection: Yes or No (CIRCLE ONE) **Pay in full:** Yes or No (CIRCLE ONE)

Special needs (medical, diet, etc.):

CC# / exp day / exp yr / 3 digit security code:

Name as it appears on card:

CC billing address:

Payment amount:

Passenger 4 Information:

MSC VOYAGER CLUB NUMBER IF APPLICABLE:

Passenger 4 Name (as it appears on Passport / Government ID):

Passenger 4 Address:

(City, State, Zip)

Passenger 4 date of birth: Month Day Year

Passenger 4 telephone:

Passenger 4 email:

Dining: EARLY SEATING LATE SEATING (CIRCLE ONE) **Prepaid gratuities:** Yes or No (CIRCLE ONE)

Vacation protection: Yes or No (CIRCLE ONE) **Pay in full:** Yes or No (CIRCLE ONE)

Special needs (medical, diet, etc.):

CC# / exp day / exp yr / 3 digit security code:

Name as it appears on card:

CC billing address:

Payment amount: