



Alaska! Kenai Peninsula Adventure and 7-Night Cruise

May 27 – June 7, 2019

Please complete both sides of this reservation form (one per person) and return it along with your **\$500 per person deposit** and the **travel protection premium**, if desired, to:

Bank of Sullivan, Attn: Annette Isgriggs, 318 W. Main, P.O. Box 489, Sullivan, MO 63080

Phone: (800) 645-3191 or (573) 468-1425

E-Mail: aisgriggs@bankofsullivan.com

Please make checks payable to Bank of Sullivan.

PLEASE PRINT

Name as it appears on your passport _____ Male Female

Name as you would like it on your name badge _____

Address _____

City/State/Zip _____

Phone Number (with area code) (home) _____ (cell) _____

Your Passport # _____ Issue Date _____ Expiration Date _____

Please note: Your passport must be valid for six months after the return date of the trip.

Your Date of Birth _____ Country of Citizenship _____
(month/day/year)

Your Roommate's Name (if applicable) _____

Cabin Category Preference: Choice #1 _____ Choice #2 _____ Choice #3 _____
*Please indicate **Category C2** (Concierge Class Veranda Stateroom), **2A** (Veranda Stateroom), **6** (Ocean View Stateroom) or **10** (Inside Stateroom)*

Bed Configuration Preference: Two twin beds One queen-size bed

Preferred dining table size (cannot be guaranteed): 6 8 10 (please circle one)

Names of those with whom you would like to dine (in addition to your cabin mate): _____

If you belong to Celebrity's Captain's Club, please indicate your membership # _____

Do you require wheelchair assistance in the airport? Yes No

Please note if you require a special diet: _____

Does your wedding anniversary or birthday occur during the trip? If so, please give us the date: _____

Travel Protection Plan

Please read and consider the information below. Then indicate your preference, sign and submit this form to secure your reservation.

An optional comprehensive travel protection plan with Travel Insured International is offered to you for this trip. You are not required to purchase this plan, but we strongly recommend that you do because it provides certain refund rights in the event you have to cancel the trip due to medical emergency or other defined reason. It also provides benefits for medical expenses should you become sick or injured while on the trip as well as coverage for trip delay and trip interruption expenses. Information regarding the travel protection plan, its coverage, exclusions, and limitations is available upon request.

I accept the optional Travel Insured Group Deluxe plan and am including the premium with my trip deposit. I agree **Bank of Sullivan** is not liable for any losses, financial or otherwise.

Category C2: ___\$388 per person in double ___\$537 per person in single

Category 2A: ___\$353 per person in double ___\$537 per person in single

Category 6: ___\$319 per person in double ___\$422 per person in single

Category 10: ___\$276 per person in double ___\$388 per person in single

I decline the optional Travel Insured Group Deluxe plan and in doing so realize that I may lose all or part of my trip payment if I have to cancel after the cancellation date noted on the trip flier. I also realize that I will be 100% responsible for all expenses incurred due to cancelled or delayed flights; if I become sick, injured or die while on the trip; or if I must leave the tour to return home. I will also not have coverage for lost or damaged luggage, additional lodging or meals if delayed or for any unused portion of the tour. I agree **Bank of Sullivan** is not liable for any losses, financial or otherwise.

Name: _____ Date: _____