



RESERVATION FORM

For Reservations Contact: Janice Eagle 269-925-0777 email: jeagle@travelleaders.com

Travel Leaders, 1958 Mall Pl, Benton Harbor, MI 49022-2332

A deposit of \$1,200 per person will be charged on November 1, 2019 or once the trip has reached 75% capacity. Final Payment is due January 10, 2019. Deposit is 50% refundable until that date. After January 10, 2020, deposits are non-refundable. Reservations are made on a first come, first served basis. Please note, due to the private cruise cabin occupancy, we have limited space for single passengers on this trip.

YOUR INFORMATION:

Please print your full name (first/middle/last) as it appears on your government issued travel documentation.

IMPORTANT: In order to avoid an unnecessary change fees, it is essential that all guest names are entered correctly on this form and upon booking. The information printed below must be the legal name and 100% identical to the ID being used to travel (must match passport). This includes middle names or suffixes (Jr., Sr.)

First: _____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender () Female () Male () Non-Binary

Date of Birth: month _____ day _____ year _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: () _____ Email: _____

Passport Number: _____ Expiration Date (month/day/year) _____ Date of Issuance (month/day/year): _____

City, State, Country of Issuance: _____ Citizenship: _____

Emergency contact (not traveling with you): _____ Phone: () _____

ROOMING WITH: ☐ Check if address is the same as passenger #1 DOB: (month/day/year) _____

First: _____ Middle: _____ Last: _____ Suffix: _____

AIR TRAVEL: ☐ Check if assistance booking international air travel is required. Janice Eagle will contact for more information to book.

PLEASE MAKE CHECKS PAYABLE TO: Travel Leaders () Check () Credit Card

Deposit Amount: _____ Total Amount Enclosed or To Be Charged: _____

Cardholder Name (if paying by credit card): _____

Billing Address: ☐ Check if address is the same as above _____

Cardholder Phone: _____ Card Expiration Date: _____ Three- or Four Digit Code: _____

Credit Card Number: _____

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

Date: _____

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions. Call for details regarding the full terms and conditions of your purchase, including the full cancellation policy. Important Conditions: Upon completing your booking with Travel Leaders, your trip is confirmed. The deposit will not be charged until November 1, 2019. If this trip does not reach 75% capacity by November 10, it may be subject to cancellation. Kalamazoo College is not liable for any cancellation fees.

Alumni Engagement • Global Travel
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