

**Booking Worksheet: Lucas & Lewellen 3<sup>rd</sup> Annual Wine Cruise, 7-day Mexican Riviera, Feb 5-12, 2011**

Prices starting @: **Inside J: \$844**    Oceanview D: **\$984**    Oceanview C: **\$1,004**    Balcony VD: **\$1,074**

Cabin Request (please give *first and second* choice): 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

*(Note: Prices quoted include LL Winery sponsored events/wines, all taxes/fees & are based on per person double occupancy. Call for single/triple/quad rates. Holland America reserves the right to re-instate the fuel supplement at up to \$USD9 per person per day if the NYMEX oil price exceeds \$USD70 per barrel. Book early – limited quantities of each category! If group allotment sells out, cabins may be added at price/availability set per cruiseline.)*

**Traveler #1 Name:** \_\_\_\_\_  
(Exactly as it appears on Passport/Birth Certificate)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Special Requests: \_\_\_\_\_

Purchase Insurance:    Premium \$99 \_\_\_\_\_    Standard \$79 \_\_\_\_\_    No thanks \_\_\_\_\_

**I hereby authorize Holland America Cruiseline to charge my credit card as follows:**

Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**Initial:** a) Pay in Full upon Booking \_\_\_\_\_, **OR** b) Pay Deposit of \$350, then Final Payment by due date \_\_\_\_\_

*(\*Note: Full refund up to Final Payment Due Date 11/22/10)*

Credit Card Holder Signature and Date: \_\_\_\_\_

**Traveler #2 Name:** \_\_\_\_\_  
(Exactly as it appears on Passport/Birth Certificate)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Special Requests: \_\_\_\_\_

Purchase Insurance:    Premium \$99 \_\_\_\_\_    Standard \$79 \_\_\_\_\_    No thanks \_\_\_\_\_

**I hereby authorize Holland America Cruiseline to charge my credit card as follows:**

Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**Initial:** a) Pay in Full upon Booking \_\_\_\_\_, **OR** b) Pay Deposit of \$350, then Final Payment by due date \_\_\_\_\_

*(\*Note: Full refund up to Final Payment Due Date 11/22/10)*

Credit Card Holder Signature and Date: \_\_\_\_\_

**\*\*\*\*\*PASSPORTS ARE RECOMMENDED\*\*\*\*\***

Please email completed form to: [info@TopTravelstore.com](mailto:info@TopTravelstore.com)  
For any questions please call Kim Pedersen: 805-404-9590