

Cuistot Reservation Form



12373 Lewis St., Ste. 201 • Garden Grove, CA 92840-4676 **VIRTUOSO**
TRAVEL CONSULTANTS

Tel: 714.621.1040 800.448.2374 Fax: 714.621.1038

IN ORDER TO PROCESS YOUR RESERVATION, IT IS NECESSARY FOR YOU TO EITHER MAIL OR FAX THE INSIDE PAGE OF YOUR PASSPORT WHERE YOUR PHOTO APPEARS ALONG WITH THIS APPLICATION

FULL NAME (1st passenger) _____ **Nickname** _____ **U.S. Citizen?** Yes ___ No ___
*(PRINT your name **exactly** as it appears on your passport. Failure to do so will result in additional fees if a name change is required on your air tickets)*

PASSPORT # _____ **EXPIRES** _____ **PLACE OF ISSUE** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

Daytime Phone _____ **Evening Phone** _____ **EMAIL** _____

Birthday (month/day/year) _____ **Anniversary** (month/day/year) _____ **Emergency Contact** _____

Relationship _____ **City/State** _____ **Daytime Phone** _____ **Evening Phone** _____

FULL NAME (2nd passenger) _____ **Nickname** _____ **U.S. Citizen?** Yes ___ No ___
*(PRINT your name **exactly** as it appears on your passport. Failure to do so will result in additional fees if a name change is required on your air tickets)*

PASSPORT # _____ **EXPIRES** _____ **PLACE OF ISSUE** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

Daytime Phone _____ **Evening Phone** _____ **EMAIL** _____

Birthday (month/day/year) _____ **Anniversary** (month/day/year) _____ **Emergency Contact** _____

Relationship _____ **City/State** _____ **Daytime Phone** _____ **Evening Phone** _____

PASSPORT REQUIREMENTS
U.S. citizens passport must be valid for at least 6-months after your return date. It must also contain at least 6-blank pages.
IF YOU DO NOT HOLD A U.S. PASSPORT, YOUR TRAVEL CONSULTANT MUST BE ADVISED AT TIME OF BOOKING.

PLEASE CHECK ALL REQUESTED OPTIONS

<input type="checkbox"/> CRUISE/AIR	<input type="checkbox"/> CRUISE ONLY (AIR CREDIT)	<input type="checkbox"/> REQUEST AIRFARE QUOTE – OATEWAY: _____
<input type="checkbox"/> ADD PRE-CRUISE OPTIONS	<input type="checkbox"/> ADD POST-CRUISE OPTIONS	<input type="checkbox"/> Please contact me for other pre or post-cruise arrangements

GROUP TRAVEL INSURANCE

Pre-existing illness waived if insurance is purchased at time of making your reservation.
 Please review the Terms & Conditions and then indicate your choice in this section.

Please add the travel insurance and charge my credit card below with the amount to cover my entire trip.

I decline the travel insurance. Please sign _____

PAYMENT METHOD

Check (deposit of 20% of package price per person) payable to "Coastline Travel Advisors" \$ _____ Check # _____

Credit Card (deposit 20% of package price per person) \$ _____

Name as it appears on your credit card _____

Account #: _____ **Credit Card Expires** _____ **Credit Card Security Code** _____

Credit Card mailing address if different than address above _____

I/We have read and agree to the terms and conditions for the trip described in the brochure and do agree to pay for all services checked above.

1st Passenger Signature _____ **Date** _____

2nd Passenger Signature _____ **Date** _____