## FIRST CATHOLIC SLOVAK UNION 2017 MEMBERSHIP MEET ROYAL CARIBBEAN CRUISE ALLURE OF THE SEAS NOVEMBER 12-19, 2017



**RESERVATION FORM** 

Passengers (First, Middle, La	ast Names as listed on passp	port)		
1) First:	Middle:	Last:		
Date of Birth:	Passport #:	Issued:		Expires:
Address:	City:	9	State:	Zip:
Home Phone:	Cell:	E-mail:		
2) First:	Middle:	Last:		
Date of Birth:	Passport #:	Issued:		Expires:
Address:	City:	9	State:	Zip:
Home Phone:	Cell:	E-mail:		
Emergency Contact Name:		Phone Numb	er:	
Membership #:		Branch #:		
Past Royal Caribbean Cruise	es passenger: Yes or No	Crown and Anchor Socie	ty #:	
I want cabin located:	INSIDE, OUTSIDE,	BALCONY		
Occupancy:DOUBLE,	SINGLE*,TRI	PLE,*QUAD* (*Sub	ject to avai	lability/confirmation of rate)
Mini-Suites & Suites are ava	ailable at additional cost. (Co	ontact Adventure for locatio	on/descript	ion of cabin/suites)
I want airfare from my hom	e city of:		_	
Airport Transfers needed: _	NOYES From:	FT. LAUDERDALE and	dor N	МІАМІ
-	ravel and cancellation insura ired to sign a Trip Cancellati		)	
List any celebrations, specia	I dietary needs and any oth	er personal requests:		

A non-refundable deposit of \$250.00 per person is payable to First Catholic Slovak Union by August 1, 2017 This can be sent as check or called in with credit card number, expiration date and security code. PLEASE RETURN THIS FORM ALONG WITH DEPOSIT TO: First Catholic Slovak Union, 6611 Rockside Road, Suite 300, Independence, Ohio 44131 Please do not make airline reservations until after deposit deadline of August 1, 2017.

I understand that this deposit will be credited toward the final payment, which will be due on or before August 7, 2017.

## Signature

ADVENTURE INTERNATIONAL TRAVEL, INC Contact: Paul Hudak Phone: 216.228.7171 or 800.542.2487 ext 3 Email: <u>paul@advintravel.com</u>



FIRST CATHOLIC SLOVAK UNION Contact: Adriana Scally Phone: 800.533.6682 ext 121 Email: <u>adrianas@fcsu.com</u>