

**CRUISING WITH GOLF LEGEND BILLY CASPER &
GO-DIVA JENNIFER COOPER RESERVATION FORM**

Complete this form with payment information and fax or email to:

IPLAN4U.NET - Attention: Lisa E. Safran M.C.C. or Denise K. Piazza

Return your form today for best cabin selections! No assignments will be made without proper name information. Proper documentation &/or proof of citizenship will be required.

TYPE OF CREDIT CARD PLEASE SPECIFY:

(VISA, Mastercard, American Express, other) _____

CREDIT CARD NUMBER: # _____ EXP.DATE _____

NAME AS IT APPEARS ON CARD: _____

SIGNATURE: _____

Name(S) (as it appears on proof of citizenship) FOR ALL PASSENGERS IN STATEROOM

1. _____
2. _____
3. _____
4. _____
5. _____

Address _____

Street City State Zip

Telephone Number(include area code) _____ FAX _____

Please Note Citizenship _____ Email address: _____

Please make _____ reservations @ \$ _____ /Person = \$ _____

Please Check: 1. Non-Ocean View _____ Ocean-View _____ Ocean-View Balcony _____ Mini-Suite _____

2. Air Arrangements: Cruise Line Program _____ Client's Arrangement _____

3. Pre Hotel Stay: Cruise Line _____ Client's Choice _____ Post Hotel: Cruise Line _____ Client _____

4. Transfers: Pre Cruise _____ Post Cruise _____ Departing Airport #1 _____ #2 _____

Please Check: (cruise line will try & confirm 1st preferences) CELL PHONE: _____

1. Double/Queen/King Bed Two Lower Beds (for 1st & 2nd passengers)

2. Dining First Second Personal Choice (Princess Only)

3. Smoker Non-Smoker Will this be your first cruise? Yes No

4. Birthday(s) – (Include Year) Passenger #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

5. Anniversary _____ #1 _____ #2 _____

**email: lisa@mycruisedoctor.com
www.mycruisedoctor.com**

(941) 362-0816 • (877) 498-PLAN (7526)

FAX (503) 217-8186

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