

CRUISING WITH GO-DIVA JENNIFER COOPER RESERVATION FORM

Complete this form with payment information and FAX to: **(503) 217-8186**
IPLAN4U.NET - Attention: Lisa E. Safran M.C.C.

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 _____

5. **Golf Package \$380/Person (round in Cabo San Lucas & Puerto Vallarta, cart, range balls, gratuities to motorcoach drivers & bag boys, transportation to/from ship to courses)** _____

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 _____

new email & website:
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