



Total Solar Eclipse Tahiti Cruise 2005

2005 April 2 – April 16



Reservation Form

**Travel
Services**

Continental Capers Travel Center, Inc.
4061 N.W. 43 Street, Suite 20, Gainesville, FL 32606 USA
Phone 352-240-1004 • **Toll Free** 800-446-0705 • **Fax** 352-378-0937
E-mail marian@flycapers.com • **Web Site** www.flycapers.com

Representative

Complete all information and mail or fax with deposit to Continental Capers (**ATTN: Marian Cohen**)

(Please print clearly and list names **as shown on passport**)

Last Name _____ **First Name** _____ **Initial** ____ (Dr., Mr., Ms.)

Last Name _____ **First Name** _____ **Initial** ____ (Dr., Mr., Ms.)

Last Name _____ **First Name** _____ **Initial** ____ (Dr., Mr., Ms.)

(Put additional names on separate sheet of paper)

Address _____

City _____ **State/Province** _____ **Country** _____ **Postal Code** _____

Home Phone (____) _____ **Office** (____) _____

Fax (____) _____ **E-mail** _____

Preferred Airport Departure _____

Tour Costs (All prices below **per person**)

CRUISE COSTS IN US DOLLARS (All prices per person based on double occupancy)

Category E: \$5,796.00 pp

Category D: \$6,306.00 pp

Category C: \$7,530.00 pp

Port Charges: \$295.00 pp

Air Fare (Coach): \$625.00 pp to Tahiti from most major USA cities.

Contact us for **travel insurance** and **extensions**

Initial Deposit Requirement: To confirm reservation at time of booking please include **ten percent of fare and port charges per person**

PLEASE ALSO SEE TERMS AND CONDITIONS

Pay by **Check** **Credit Card** (Please make checks out to **Continental Capers Travel, Inc.**)

If paying by credit card: **Amex** **Discover** **Master Card** **Visa**

Card No. _____ **Issued in name of** _____

Expiration Date _____ **Signature of Card Holder** _____

Please sign/date to acknowledge you have read, understood and accept our Terms and Conditions on CC web site

Signed _____ (No reservations accepted without signature) **Date** _____

For Office Use Only: By _____ Date _____