



Serving Travelers Since 1970

Norway Northern Lights Cruise 2010

2010 March 10 – 21

Cruise Enrollment Form



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, x-104 • **Fax** 352-378-0937 • **E-mail** marian@flycapers.com • **Web Site** www.astroadventures.net

Last Name: _____ First: _____ Initial: _____ (Dr., Mr., Ms.) Female Male

Address: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work (____) _____ Email: _____

Please assign roommate: Yes No Smoking Non-smoking

I will be rooming with: _____

In case of emergency, please notify: _____ **Relationship:** _____

Phone Home: (____) _____ Work: (____) _____

PAYMENT INFORMATION PER PERSON WITH DOUBLE OCCUPANCY

Cruise Cost (Not Incl. Air): Cabin Class U \$1,987.00 Cabin Class P \$1,858.00 Cabin Class I \$1,576.00

Check enclosed (payable to **Continental Capers Travel, Inc.**) Amount of Check or Credit Card Charge: \$ _____

I authorize charges for the following: Deposit (\$600/Person) or Payment in Full* (Balance due by Dec. 30, 2009)

Circle: Amex MC Visa Discover Credit Card Number: _____ Exp. Date: _____

Name as it appears on card: _____ Signature: _____

**Otherwise see payment schedule under Terms and Conditions. International Air will be charged only if booked through Continental Capers*

MAIL FORM TO: CONTINENTAL CAPERS, ATTN: MARIAN – Contact us for travel insurance & extensions

AIR ARRANGEMENTS

In an effort to offer the best possible service, we strongly recommend that you ask Continental Capers to arrange your air travel. We are able to provide discounted international airfare from all major airports in the U.S. By handling both your land and air arrangements, we are able to provide the most complete service to our clients.

I would like Continental Capers to make my flight arrangements: Yes No

From which city should air transportation be arranged? City: _____ State: _____

Please specify preferences: Window Aisle

FF #: _____ Airline: _____

If You Are Making Your Own Air Travel Arrangements, Please Provide Travel Operator With A Copy Of Your Flight Itinerary

HEALTH INFORMATION

This information is confidential and provided on a voluntary basis

I am in good general physical health: Yes No

I have the following medical or physical conditions that may limit my activities: _____

I am on the following prescription medications: _____

List source of allergies, i.e. foods, medicines, etc. _____

Please list dietary or other personal needs: _____