

**TRAVEL REGISTRATION**  
**The Enchanting Rhine River**  
 October 25 -November 2, 2020  
 Aboard the MS AmaStella

Departure City \_\_\_\_\_

**Passenger Names:**

Today's Date: \_\_\_\_\_

**Name:** (As it appears on Passport) \_\_\_\_\_ Sex:  Male  Female  
 Preferred Name (Nametag): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Roommate: \_\_\_\_\_  
 Passport Number \_\_\_\_\_ Birthdate \_\_\_\_\_ State of Birth \_\_\_\_\_  
 Passport Issue Date \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_ Place of Issue (Authority) \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_ **Travel Protection:**  Accept  Decline

**Name:** (As it appears on Passport) \_\_\_\_\_ Sex:  Male  Female  
 Preferred Name (Nametag): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Roommate: \_\_\_\_\_  
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 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_ **Travel Protection:**  Accept  Decline

**Rates Per Person Double Occupancy From New York**

E Fixed Window Stateroom	\$3,798.00
D Fixed Window Stateroom	\$3,998.00
CB French Balcony Stateroom	\$4,298.00
CA French Balcony Stateroom	\$4,398.00
BB French & Outside Balcony Stateroom	\$4,598.00
BA French & Outside Balcony Stateroom	\$4,798.00
AB French & Outside Balcony Stateroom	\$4,998.00
AA French & Outside Balcony Stateroom	\$5,198.00
S Suite	\$5,998.00

**Stateroom Selection**

\_\_\_\_\_ 1st Choice \_\_\_\_\_ 2nd Choice  
 (Required: Only used if 1st choice is unavailable)

**NOTE:** This Adobe downloadable Registration form can be downloaded and filled out then saved and printed or emailed. Or, if being filled out from a printed copy, just fill out around the zeros.

**See Brochure for Optional Travel Protection Plan**

\$200.00 Due with Registration  
 \$300.00 Second deposit due by October 26, 2019  
 \$500.00 Third deposit due by February 28, 2020  
 Full payment is due By April 28, 2020

Cost of Cruise	_____ @ _____	\$ _____
Pre/Post Tour	_____ @ _____	\$ _____
Add On Domestic Airfare	_____ @ _____	\$ _____
<b>SUB-TOTAL DUE</b>	_____	\$ _____
Optional Travel Protection	_____ @ _____	\$ _____
<b>TOTAL DUE</b>	_____	\$ _____

Check # \_\_\_\_\_ (Payable to Senior Adult Travel Inc) **DEPOSIT AMOUNT ENCLOSED** \$ \_\_\_\_\_

By signing below, I/We certify that I have read the "Fine Print" on the brochure, understand its content, and agree to its terms including but not limited to the potential for price increases that may apply before payment in full has been received as set forth in the "Fine Print" and potential price increases after payment in full has been received due to government-imposed taxes and fees.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**Mail to: Senior Adult Travel Inc. PO Box 142045, Gainesville FL, 32614**

For additional information contact: Jerry Nash 352-727-2268 jerry@senioradulttravel.com

**FAITH BASED TOUR HOSTING SERVING THE NORTH FLORIDA AREA**

Senior Adult Travel Inc. is registered with the State of Florida as a Seller of Travel, Registration Number ST40596.