

✦ PERSONAL INFORMATION

Guest 1: Name as on Passport >> Last, First, Middle

Passport Number

Exp. Date

Citizenship: ☐ USA ☐ Canada ☐ UK

Birth Date ☐ Other (Indicate) _____

Name as you would like it to appear on badge

Guest 2: Name as on Passport >> Last, First, Middle

Passport Number

Exp. Date

Citizenship: ☐ USA ☐ Canada ☐ UK

Birth Date ☐ Other (Indicate) _____

Name as you would like it to appear on badge

Medical/Dietary/Special Requests

Are there any medical, dietary or special needs or requests we should know about?

Guest #1 _____

Guest #2 _____

Mailing Address

City, State, Zip

Daytime Phone

Cell Phone

email address

Dining Information

The WABE Cruise group will dine together at the 7:00 PM dinner seating, unless otherwise noted. The dining room is non-smoking.

How did you hear about this cruise?

☐ Email ☐ Referral ☐ Ad on WABE

☐ themecruisefinder.com

☐ Other _____

Handicap Accessibility

This cruise, nor Europe in general, is handicap friendly. If someone in your party is wheelchair bound we DO NOT recommend this trip. The AMA Sonata does not have elevators, and the roads of Europe are particularly difficult to navigate for those who have difficulty walking. Most tours include substantial walking over uneven roadways and terrain. Wheelchairs are not available onboard, and staff nor escorts are available to aide handicapped individuals.

✦ CRUISE RESERVATION

(Rates are per person and include port charges, taxes, gratuities, meals, entertainment, and group activities. Failure to appear for embarkation for any reason constitutes a cancellation subject to full penalties. Personal items not included.)

1. Cabin Category Selection

1st Choice of Cabin Category _____

2nd Choice of Cabin Category _____

Bedding Request: ☐ 2 Twin beds ☐ 1 Queen Bed

Booking Single?: Should we try to match you with a roommate? ☐ No ☐ Yes

If we are unable to arrange a roommate or if a roommate cancels, single rates will apply.

2. Air Arrangements (check one only)

☐ I/we will make our own flight arrangements.

(Arrive Budapest 10/15/25

Depart Munich, Germany 10/22/25)

☐ I would like for The Cruise & Vacation Authority to book roundtrip air from _____
(note that booking fees apply)

☐ Coach ☐ Business Class ☐ First Class

Arrive date: _____ Depart date: _____

Preferred carrier: _____

3. Prague 3-night Post-Cruise Package

Accommodations at the XXX Hotel, portorage, taxes, breakfast, 2 half-day tours, airport transfer.

☐ \$000 per person double occupancy

☐ \$000 single occupancy

For 1-night Budapest or Munich packages, please contact Karen at The Cruise & Vacation Authority.

