

# Reservation Form

Please complete the following information and mail it with your deposit to:  
Mackenzie Holidays 4 Livingston Street Honeoye Falls NY 14472

If you are a pulmonary patient, or have special needs, please complete the necessary medical forms and mail to us no later than 45 days prior to departure. If you have oxygen and mobility needs we will contact you to complete those arrangements. Travelers not on oxygen are welcome to use our discounted group rates.

**TRAVELER 1 LEGAL NAME:** \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**TRAVELER 2 LEGAL NAME:** \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ Citizenship: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Tel#: \_\_\_\_\_

[ ] Yes we will arrive prior to sailing and will need a hotel room. Number of nights: \_\_\_\_

Destination of Cruise: \_\_\_\_\_ Queen Bedding \_\_\_\_\_ or Twin Bedding \_\_\_\_\_

**Deposit: \$ \_\_\_\_\_ x \_\_\_\_ (number of passengers) = \$ \_\_\_\_\_ Total**

Balance is due 75 days before departure. Monthly payments are an option without fees.

(You will receive a receipt for your deposit with the balance due date on it.)

I enclose a check \_\_\_\_\_, or, use the following credit card:

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 Digit Code on back: \_\_\_\_\_ or for American Exp 4 digit code on front: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**\*For an airline or train quotation or questions,  
please call us at 1-877-473-2726**

**I have read, understood and agree to, the "Terms and Conditions" .**

**Also, I accept \_\_\_\_\_ decline \_\_\_\_\_ travel insurance.\***

Signature of Traveler: \_\_\_\_\_