**PRINCESS CRUISES**
**RESERVATION FORM**
***Required Fields to book your reservation**

Grand American TOURS & CRUISES

**Destination:** Alaska Cruisetour
**Group Leader:** Jenny Braun
**Cruise Date:** August 11, 2027

**PLEASE CALL 1-800-423-0247 FOR WHEELCHAIR/SCOOTER ACCESSIBLE CABIN AVAILABILITY**

**This form can be filled out on our website! Just click MAKE A RESERVATION at grandamericantours.com**

PLEASE PRINT CLEARLY - EACH PASSENGER MUST FILL OUT HIS/HER OWN FORM

**NAME***_____

(Check One) (Mr.)_____ (Mrs.) _____ (Miss)_____ (Ms.)_____

**(First, Middle and Last Name. Exactly as printed on your Passport.)**

*There is a fee to change an incorrect name*

**ADDRESS***_____

**CITY***_____ **STATE***_____ **ZIP***_____

CELL PHONE (_____)_____ ☐ HOME PHONE (_____)_____ ☐

***Please check the box to indicate which is your preferred contact number.***

E-MAIL _____ **DATE OF BIRTH*** _____

COUNTRY OF BIRTH_____ U.S. PASSPORT NUMBER_____

ISSUING AUTHORITY_____ DATE ISSUED_____ DATE OF EXPIRATION_____

*For example: United States Department of State (USDOS). Found to the right of the dates.*

*Strongly recommended to be 6mo. after cruise.*

NAME OF ROOMMATE:_____

**CRUISE CATEGORY*_____ COST* $_____ AMOUNT OF DEPOSIT ENCLOSED* $_____**

*Your credit card will be charged the deposit amount to secure your reservation. The rest of your trip cost is due by your final payment date. You can make payments towards your trip on our website by clicking MAKE A PAYMENT in the top right corner of www.grandamericantours.com.*

***Cabins cannot be booked until deposits are received from all parties in the cabin.***

**DEPOSIT*** ☐ If paying by check, please check the box and make check payable to: Grand American Tours and mail to P.O. Box 50, Morton, PA 19070.

**TRAVEL PROTECTION IS HIGHLY RECOMMENDED. SEE TRAVEL PROTECTION FORM FOR DETAILS.**

How does your name appear on your Credit Card?:_____

Billing Address (if different from above):_____

_____

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

**Cancellation Policy**: Airfare, pre and post nights, and motorcoach transportation, if included, and any Grand American Tours service fees are non-refundable at the time your final payment is due to Grand American Tours. Cruise fare cancellation policy is according to the cruise line website. If you are unable to access the cruise line website, please call our office at 1-800-423-0247 for your cruise line's cancellation penalties.

**Signature***: _____ **Date***:_____

By completing and signing this form you acknowledge and agree to the cancellation policy and the deposit amount will be charged to your credit card by Grand American Tours.

**See other side for personal preferences and requests.**

GRAND AMERICAN TOURS
P.O. Box 50 | Morton, PA 19070 | 1-800-423-0247 Nationwide | 610-328-4181 Local | 484-234-6170 Fax
Make Reservations and payments towards your booked trip at www.grandamericantours.com

# Page 2 Reservation Form: Personal Preferences and Requests

SPECIAL OCCASION_____DATE DURING CRUISE _____

CHOICE OF DINING: DINE MY WAY *You will be able make reservations through the Princess Medallion app.*

BED PREFERENCE: ___1 QUEEN BED___ 2 TWIN BEDS____TRIPLES (2 Twin Beds, 2 Uppers)

ARE YOU A PAST PASSENGER WITH THIS CRUISE LINE? ___YES___NO Captain's Circle #_____

ARE YOU A VETERAN? ___YES___NO *Discounts for veterans may be available. We will let you know if they are.*

**IS AIRFARE INCLUDED ON THIS RESERVATION?*** ___YES___NO AIRPORT:_____

FLIGHT NOTES: _____

_____

*TSA/Frequent Flyer numbers, seat requests, etc. Requests are not guaranteed*

EMERGENCY CONTACT NAME_____

RELATIONSHIP TO YOU_____PHONE NUMBER: (_____)_____

EMERGENCY CONTACT'S ADDRESS_____

CITY_____STATE_____ZIP_____

EMERGENCY CONTACT'S EMAIL ADDRESS_____

ADDITIONAL REQUESTS

*Please let us know of any specific cabin requests, if you would like wheelchair assistance getting on/off the ship/planes, if you have a CPAP machine, if you have any dietary requirements, if you will be traveling with insulin, etc.*

_____

_____

_____

_____

_____

_____

_____

_____

**TRAVEL PROTECTION IS HIGHLY RECOMMENDED. SEE TRAVEL PROTECTION FORM FOR DETAILS.**

GRAND AMERICAN TOURS
P.O. Box 50 | Morton, PA 19070 | 1-800-423-0247 Nationwide | 610-328-4181 Local | 484-234-6170 Fax
Make Reservations and payments towards your booked trip at www.grandamericantours.com

## TRAVEL PROTECTION FORM

**To include with your travel protection payment**

Grand American TOURS & CRUISES

**Cruise Date: August 11, 2027**
**Cruise Line: Princess**
**Destination: Alaska Cruisetour**
**Group Leader: Jenny Braun**

**All of this information can be found on our website at www.grandamericantours.com.**

**Travel Protection Plan through Trip Mate**

*Travel protection can be purchased by check or credit card*

***TRAVEL PROTECTION PREMIUM IS NON-REFUNDABLE AFTER THE FREE-LOOK PERIOD***
***(SUBJECT TO THE STATE SPECIFIC GUIDELINES)***

| Schedule of Benefits | Basic \| Plan R774<br>8.2% of Trip Cost* | Deluxe \| Plan R774D<br>11.7% of Trip Cost* |
|---|---|---|
| **Trip Cancellation** | Trip Cost | Trip Cost |
| **Trip Interruption** | 150 % of Trip Cost | 150 % of Trip Cost |
| **Missed Connection** | $750 | $1,500 |
| **Trip Delay** | $1,000/$200 per day | $4,200/$300 per day |
| **Medical Expense** | $50,000<br>Excess Medical | $50,000<br>Primary Medical |
| **Evacuation/Repatriation** | $500,000 | $500,000 |
| **Accidental Death and Dismemberment** | $25,000 | $25,000 |
| **Baggage & Personal Effects** | $1,000 | $1,500 |
| **Baggage Delay** | $500/$250 per day | $750/$250 per day |
| **Review Plan Document** | http://www.tripmate.com/wpR774 | http://www.tripmate.com/wpR774D |

***Non-insurance services and assistance fees included in the total travel protection plan cost. Terms & Conditions apply.***

**PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER**

We will waive the Pre-Existing Medical Condition exclusion if all of the following conditions are met:

(a) Your plan cost for this plan is received within 21 days of the date your initial payment or deposit for your trip is received; and

(b) You are medically able and not disabled from travel at the time your plan cost is paid based on assessment of a physician

View a full description of coverage online at:
https://atc.tripassure.com/main/?welcome=GRAN0801PA

**Trip Mate Travel Protection Cost**

| Cabin Cat. | Basic | Deluxe |
|---|---|---|
| IC | $475 | $678 |
| BC | $632 | $902 |
| BB | $637 | $908 |

*Cost is per person, double occupancy, and is based on rates on flyer.*

*Travel Assistance provided by the designated provider listed in the Description of Coverage.* ***Travel Protection Policy payments must be paid by credit card or check to Grand American Tours from the individuals traveling, not from an organization or group leader.*** *This is to protect the organization from liability. We are an agency providing travel services for 3rd parties and hence we are not responsible for delays, damages, injuries or incorrect visa/passport information.*

*This advertisement contains highlights of the plans developed by Trip Mate, a Generali Global Assistance & Insurance Services brand, which include travel insurance coverages underwritten by United States Fire Insurance Company, Principal Office located in Morristown, New Jersey, under form series T7000 et al, T210 et al and TP-401 et al and non-insurance Travel Assistance Services provided by Generali Global Assistance, FootprintID® and Blue Ribbon Bags. The terms of insurance coverages in the plans may vary by jurisdiction and not all insurance coverages are available in all jurisdictions. Insurance coverages in these plans are subject to terms, limitations and exclusions including an exclusion for pre-existing medical conditions. In most states, your travel retailer is not a licensed insurance producer/agent and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may be compensated for the purchase of a plan and may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. CA DOI toll free number is 800-927-4357. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Trip Mate, a Generali Global Assistance & Insurance Services brand; HYPERLINK "https://www.tripmate.com/main/generali-global-assistance-insurance-services-licenses/"We are licensed in all states; 880 SW 145th Avenue #400 Pembroke Pines, FL 33027; 1-833-297-2258; assistancefees@tripmate.com. While Trip Mate markets the travel insurance in these plans on behalf of USF, non-insurance components of the plans were added to the plans by Trip Mate and Trip Mate does not receive compensation from USF for providing the non-insurance components of the plans.*

**AMOUNT OF TRAVEL PROTECTION $_____ Signature:_____Date:_____**

By completing and signing this form, you acknowledge and agree to purchase Trip Mate Travel Protection through Grand American Tours and the Travel Protection Premium is non-refundable. **If paying by check please make checks out to Grand American Tours and mail to P.O. Box 50, Morton, PA 19070**