Payton Wright Foundation Cruise Reservation Form

COMPLETE ONE FORM FOR EACH CABIN YOU WISH TO RESERVE

IMPORTANT: Please type or print clearly. *Name(s) must be exactly as they appear on your passport!*

Person Completing Form:	E	Email:	
Phone Number:			
List Guests In Cabin (including you); Date of	f Birth; Citizenship (countr	y that issued passport	t):
Guest 1			
Guest 2			
Guest 3			
Guest 4			
List any special requirements needed to fu	lly participate in the cruis	e (food allergies, disab	ilities, etc):
Have you cruised before? 🛛 Yes 🗔 Na Royal Caribbean Crown & Anchor Numbers		Royal Caribbean befor	re:
Preferred Cabin Category:			
A3 OS GS J3D II	□ 1J □ 2D □ 4	4D 🗖 2I 🗖 2J	\Box 4V
Preferred Location – cannot be guarantee	d:		
□ Front of Ship □ Middle of Ship	Back of Ship		
Name on Credit Card: (Visa, MasterCard, AMEX, Discover accepted) Credit Card Number:	rd Inform	tion (see	below)
Explicit Contribute	_ Credit Card Billing Zip C		

Deposit: A \$250 deposit for each person in each stateroom (Suite deposits are \$500 per person) will be charged by Royal Caribbean to your card listed above. You will receive an acknowledgement of your booking along with a receipt showing the deposit amount and final payment due. Final payment will be due on or before November 6, 2022; we will send a reminder in October. Onboard purchases not listed as included on the previous page will be the responsibility of each guest. Deposit is fully refundable until November 5, 2022.

RETURN COMPLETED FORM TO ANNE GOYER:

anne@goyermgt.com

NOTE: please phone your credit card information to Anne at 941–373–1830