

Tour #: _____
Tour Date: _____
Alaska Specialist: _____
City: _____
Booked By: _____
Booking Date: _____



Booking Request Information Form

OFFICE USE ONLY
Booking #: _____
Cabin #: _____
Air Info: _____

Guest Information

First Name: (Mr./Mrs./Ms.) _____
Middle Name: _____
Last Name: _____
Nickname (will appear on blue jacket): _____
Date of Birth: _____ Citizenship: _____
Passport Number (9 digits): _____
Passport Expiration Date: _____
Place of Birth: _____
Date of Issue: _____ Issue Location: _____
JHA Jacket Size: _____ Rain Coat (Men's Sizes): _____
Pant Size (Men's Sizes): _____ Shoe Size: _____

First Name: (Mr./Mrs./Ms.) _____
Middle Name: _____
Last Name: _____
Nickname (will appear on blue jacket): _____
Date of Birth: _____ Citizenship: _____
Passport Number (9 digits): _____
Passport Expiration Date: _____
Place of Birth: _____
Date of Issue: _____ Issue Location: _____
JHA Jacket Size: _____ Rain Coat (Men's Sizes): _____
Pant Size (Men's Sizes): _____ Shoe Size: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Work/ Cell Phone: _____
E-mail Address: _____
Dates at This Mailing Address: _____ thru _____
Alternate Address: _____
City: _____ State: _____ Zip: _____
Alternate Home Phone: _____
Dates at This Mailing Address: _____ thru _____

Additional Notes

Cruise Information

Cabin Category (Please Circle):
***A - Queen Bed AA - 2 Twin Beds *AAA - Queen Bed**
***DELUXE - Queen Bed *DELUXE SUITE - Queen Bed**
*A, AAA, DELUXE & DELUXE SUITE cabins can accommodate 3ppl with an extra twin bed.
DELUXE SUITE can accommodate 4ppl with bunk beds.
Room Occupancy (single, double, trip or quad): _____
On Land: # of Beds (1 Queen or 2 Twins): _____
Please Circle: Smoking or Non-Smoking Room
Traveling With Friends or Family? (list last names): _____

Emergency Contact

Full Name: _____
Phone #: _____
Relation To You: _____

Special Notes

Dietary Needs/Food Allergies: _____
Comfortable with Stairs or Walking? (please circle) YES NO
Bringing a Scooter or Walker? (please circle) YES NO
Bringing a Sleep Apnea Machine (CPAP)? YES NO
Special Occasions while Traveling with Us: _____
Other Health Concerns: _____

Per Person Pricing & Discounts

Cruise/Tour Package: _____
Add Pre/Post Tour: _____
Subtract Early Booking Discount: _____
Subtract Other Discounts: _____
Add Airfare: _____
FINAL PRICE: _____
Email Confirmation: Yes No Price Reviewed With Staff: Yes No

How Did You Hear About Us?

Primary: _____
Secondary: _____

Reserve Your Tour:

Deposit requirement for reserving your space is \$500 per person, fully refundable prior to 75 days before departure.
Deposits may be made by check, cash or credit card. Please mail your check or cash deposit within 10 days of calling in your reservation.

Credit Card #: _____ Exp Date: _____ Security Code: _____ Amount Charged: _____
Credit Card #: _____ Exp Date: _____ Security Code: _____ Amount Charged: _____