

# 7-NIGHT HAWAII CRUISE

PLUS A 2-NIGHT PRE-CRUISE PACKAGE IN HONOLULU

JANUARY 26-FEBRUARY 5, 2023



Member  
**FDIC**

## PERSONAL INFORMATION Please complete one form per person. PLEASE PRINT.

NAME: \_\_\_\_\_  
EXACTLY AS IT APPEARS ON YOUR LEGAL FORM OF TRAVEL DOCUMENTATION

GENDER: (PLEASE CIRCLE) MALE FEMALE DATE OF BIRTH (MM/DD/YEAR): \_\_\_\_\_

FAMILIAR/NICKNAME: \_\_\_\_\_

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

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
W/ AREA CODE W/ AREA CODE

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

## EMERGENCY CONTACT

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

PHONE (WITH AREA CODE): \_\_\_\_\_

## TRAVEL DOCUMENTATION

A VALID PASSPORT OR A STATE-ISSUED DRIVER'S LICENSE THAT IS REAL ID COMPLIANT ARE THE ONLY ACCEPTED FORMS OF TRAVEL DOCUMENTATION.

PASSPORT #: \_\_\_\_\_ EXPIRATION DATE (MM/DD/YEAR): \_\_\_\_\_ ISSUING COUNTRY: \_\_\_\_\_

Passport must be valid until August 6, 2023

## CRUISE INFORMATION

CABIN PREFERENCE: \_\_\_\_\_ BA Balcony \_\_\_\_\_ OA Ocean View \_\_\_\_\_ IA Inside

ROOMMATE'S NAME: \_\_\_\_\_

BED CONFIGURATION: \_\_\_\_\_ (2) TWIN BEDS \_\_\_\_\_ (1) QUEEN-SIZE BED

DIETARY NEEDS: \_\_\_\_\_ VEGETARIAN \_\_\_\_\_ GLUTEN FREE \_\_\_\_\_ DIABETIC \_\_\_\_\_ OTHER

IS THIS YOUR FIRST CRUISE WITH NCL? YES NO IF NO, PLEASE PROVIDE YOUR LATITUDE NUMBER: \_\_\_\_\_

IF CELEBRATING AN ANNIVERSARY: (PLEASE NOTE THE DAY YOU WISH TO CELEBRATE) \_\_\_\_\_

HEALTH NEEDS (PLEASE MARK ALL THAT APPLY)  WHEELCHAIR ASSISTANCE AIRPORT  CPAP  POC

## FOR OFFICE USE ONLY

RESERVATION #: \_\_\_\_\_

CABIN #: \_\_\_\_\_

DEPOSIT DATE: \_\_\_\_\_

DATE PAID TO CRUISE LINE: \_\_\_\_\_

NOTES: \_\_\_\_\_

OVER FOR ADDITIONAL INFORMATION →

## AMENITIES INCLUDED!

### BALCONY & OCEAN VIEW STATEROOM

SELECT

**GROUP A OR GROUP B**  
(ALL 4 AMENITIES INCLUDED)

### INSIDE STATEROOM

SELECT TWO (2) AMENITIES  
FROM GROUP C

BOTH GUESTS IN A STATEROOM MUST  
SELECT THE SAME GROUP OR (2) AMENITIES

**\*GUESTS ARE RESPONSIBLE FOR GRATUITIES**

BEVERAGE PACKAGE: \$19.80 PER PERSON PER DAY  
(\$138.60 TOTAL)

DINNER PACKAGE = \$15.80 PER PERSON PER CRUISE

(GRATUITY AMOUNTS SUBJECT TO CHANGE)

### GROUP A AMENITIES

PHOTO PACKAGE  
(10 PHOTOS PER CABIN)  
\$100 ON-BOARD CREDIT  
(PER CABIN)

\$50 SHORE EXCURSION CREDIT  
(PER PORT/PER CABIN)  
INTERNET PACKAGE  
(250 MINUTES PER CABIN)

### GROUP B AMENITIES

BEVERAGE PACKAGE\*  
ULTIMATE DINNER PACKAGE\*  
(2 MEALS)

\$50 SHORE EXCURSION CREDIT  
(PER PORT/PER CABIN)  
INTERNET PACKAGE  
(250 MINUTES PER CABIN)

### GROUP C AMENITIES

\$100 ON-BOARD CREDIT  
(PER CABIN)

\$50 SHORE EXCURSION CREDIT  
(PER PORT/PER CABIN)

BEVERAGE PACKAGE\*

ULTIMATE DINNER PACKAGE\* (2 MEALS)

INTERNET PACKAGE  
(250 MINUTES PER CABIN)

PHOTO PACKAGE (10 PHOTOS PER CABIN)

## PAYMENT INFORMATION

Please make check payable to: Citizens Tri-County Bank

AMOUNT: \_\_\_\_\_

CHECK #: \_\_\_\_\_

CREDIT CARD TYPE (PLEASE CIRCLE)

MASTERCARD

VISA

DISCOVER

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS (IF DIFFERENT FROM MAILING) \_\_\_\_\_

PLEASE NOTE: YOUR \$250 PER PERSON (\$500 PER CABIN) DEPOSIT WILL BE CHARGED TO YOUR CARD UPON RECEIPT OF THIS FORM.

SIGNATURE: \_\_\_\_\_

## RESERVATIONS

COMPLETE THIS RESERVATION FORM AND MAIL IT WITH YOUR \$250 PER PERSON  
(\$500 PER CABIN) DEPOSIT PLUS TRAVEL PROTECTION PREMIUM, IF DESIRED, TO:

**Citizens Tri-County Bank - Golden Club**

Attn: Laura Barker

P.O. Box 697

Dunlap, TN 37327

Phone: (423) 949-2173

Email: lbarker@ctcbonline.com

