## Nationwide Retirees Reunion Trip Music Cities: Nashville & Memphis September 23-29, 2022

Please list the full legal names for all passengers on the same invoice.

Please confirm this reservation with this deposit of: \$ USD (deposit of \$300 per per					on is required)		
Please accept my check, payable to Ma	agic Cruises & Tours OR	charge my credit card	Visa	MC	AMEX	Discover	
Credit Card Number:		Exp. Date:					
Print name as it appears on the card						_	
Authorized Signature of Cardholder:		Security Code:					
Lis	st names of all gue	sts sharing a room					
Valid (	government issued photo I	D is required for this itiner	ary.				
Mr Mrs Ms Dr		Birth Date:					
(Legal name as it	appears on your ID)						
Nickname:	Email:	Ce	ll Phone: _				
Mr Mrs Ms Dr		Birt	h Date:				
	appears on your ID)						
Nickname:	Email:		Cell Phone:				
Address:							
City:	State	·	Zip:				
Emergency Contact:	Eme	ergency Contact Relation	ship:				
Emergency Contact Phone:	Emergency Contact Email:						
How would you like to request your be	edding arranged? O Ki	ng size bed <b>O</b> Two	double bed	ls			
I/We would like assistance in making f	light arrangements from	n: Departure city					
Please indicate if you will be making yo	our own flight or transpo	rtation arrangements: C	Yes O	No			
If yes, please provide your iting September 23, 2022. There w tour ends after breakfast on Se	ill be a reception hosted	_					
Physical Limitations / Medical Conditi	ons: Please advise any	medical conditions, mol	bility issues	s, dieta	ry reque	ests,	
allergies, etc. which should be advised							
I have read, understood, and accepted	the conditions as stated	l in the "THINGS TO KNC	)W" and "S	ERVICE	AGREEN	ΛENT"	
Signature:	Date:						

Travel Insurance:	avel Insurance: O Please add Allianz Horizon Plan Insurance to my reservation at 7.6% of total trip cost.		
	0	Please add the Globus Travel Protection to my reservation for \$249 per person.	
	0	Please have an agent contact me to discuss travel insurance options and details.	
	0	I am aware of travel insurance benefits and I decline purchase of cancellation coverage at this time.	
Insurance covera description of cov	_	ill not be effective until premium payment is received. Please ask MAGIC for more details including a ge on each plan.	
Please indicate if	you	have any special celebrations to be recognized during our trip	
•		interested in extending your stay. Pre-tour nights may be requested at the Gaylord Opryland Resort in ur nights may be requested at The Guest House at Graceland in Memphis.	
Extra nights at th	e Ga	ylord Opryland Resort are \$134 per person per night double occupancy—space is limited!	
Extra nights at Th	ie Gu	est House at Graceland are \$129 per person per night double occupancy.	
Please share any	othe	er pertinent information that will help us to serve you better:	