Woodhead Southern Caribbean Cruise 2024 January 18-27, 2024 onboard Celebrity Equinox

Accommodations and discount rates are subject to availability

Please confirm my reservation w	vith this deposit of \$	USD (deposit is \$450 per person)		
O Please accept my check, payable to Magic Cruises & Tours				
O charge my credit card O Vis	sa O MC O Discover			
Credit Card Number:		Exp. Date:		
Print name as it appears on the card				
Authorized Signature of Cardholde	r:	Security Code:		
Proof of citizenship and Covid19 vaccine card are both required for this itinerary. Passport must be valid for 6 months past travel return date. Please list legal names matching your passport				
(Mr Mrs Ms) First Name	Middle Name	Last Name		
Birth Date	Preferred Nickna	ame:		
USA Passport 9-digit #	exp da	te		
Phone #	Email			
(Mr Mrs Ms) First Name	Middle Name	Last Name		
Birth Date	Preferred Nickna	ame:		
USA Passport 9-digit #	exp da	te		
Phone #	Email			
Address i	nformation for invoice	& travel documents		
Address:				
City:	State:	Zip:		
Name of your Emergency Contact:	of your Emergency Contact:Emergency Contact Phone:			
elationship to you: Emergency Contact Email:				
I/WE HAVE READ, UNDERSTOOD) AND ACCEPTED THE CONDI	TIONS AS STATED IN THE "THINGS TO KNOW":		

Signature: _____ Date: _____

Reservation Information

Тур	Гуре of Stateroom you wish to reserve:	
0	Prime Concierge with Verandah (C1)	Staterooms and verandas are designated non-smoking.
0	Ocean View stateroom (O1)	
0	Interior stateroom (category I1)	
Cor	Comments or requests:	
Ηον	How would you like your bedding arranged? O Queen size	bed OTwo twin beds
Hav	lave you sailed with Celebrity Cruises before? OYes ONo	f yes, Captain's Club #'s
Pre	Preferred evening dining time? OEarly (6:00PM) OLate	e (8:30PM) O Celebrity Select (6-9:30 PM) (Times may vary)
		Other dining options are also available. Specialty restaurants will have an additional charge. Please note all dining rooms are
Ple	Please indicate if you have any special celebrations to be rece	ognized onboard
I/W	/We would like information regarding pre/post cruise hotel pa	ckages. OYes ONo thanks
I/W	/We would like a price for airfare from: Departure city	(available March 2023)
I/W	/We will be making our own flight or transportation arrangeme	ents: OYes ONo (Please provide details to MAGIC)
	Please note any special needs (including mobility needs, requests:	CPAP machines, and dietary restrictions) or other special
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	Travel Insurance	
	O Please have an agent contact me to discuss the optio	ns.
	O I would like to purchase Allianz Horizon Plan, currently	y 8.5% of my trip cost (US residents only).
	O I would like to purchase Celebrity Cruisecare Travel P	rotection (US or Canadian residents).
	O I am aware of travel insurance benefits and I decline p	ourchase of cancellation coverage at this time

Magic Cruises & Tours 614.847.5551 or 800.783.7245