



**Sign me up for the "BOXER BASH"!
 March 30 - April 6, 2025 onboard Symphony of the Seas
 Don't delay! Accommodations and rates are subject to availability.**

Please confirm reservation with this deposit of \$ _____ USD (Required deposit is \$350 per person)

- Please accept my check, payable to Magic Cruises & Tours
- Charge my credit card: Visa MC Discover

Please call to provide Credit Card details.

Print name as it appears on the card _____

Authorized Signature of Cardholder: _____

List names of all guests sharing a stateroom

If more than two guests are sharing a room, please list their information on the reverse side.

Proof of citizenship is required, a US passport book is recommended (should be valid for 6 months beyond travel)

1) Mr Mrs Ms Dr First _____ Middle _____ Last _____
(Legal name as it appears on your Passport)

Birth Date: _____ Preferred Nickname: _____

Email: _____ Phone: _____

2) Mr Mrs Ms Dr First _____ Middle _____ Last _____
(Legal name as it appears on your Passport)

Birth Date: _____ Preferred Nickname: _____

Email: _____ Phone: _____

Address information for invoice & travel documents

Address: _____

City: _____ State: _____ Zip: _____

Name of Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Emergency Contact Email: _____

I/we have read, understood and accept the conditions as stated in the "Things to Know" and Service Agreement:

Signature: _____ Date: _____

More to complete on the next page...

**Magic Cruises & Tours, located at 656 High St Worthington, OH 43085
 www.magiccruises.com/BoxerBash2025 Call 614.847.5551 and ask for Kate or Marcia**

Reservation Information: Accommodations and More Details

There are a variety of accommodations that may be available on the Symphony of the Seas. Please contact MAGIC to discuss your stateroom options, based on your needs, priorities and availability. In general, please indicate your preference below.

- Ocean View Balcony Stateroom
- Ocean View Stateroom
- Interior (no view) Stateroom

Prices are per person, based on double occupancy. Some staterooms in various room types may accommodate more than two guests. Rates are often reduced for the 3rd / 4th guest sharing a room. You must call MAGIC to secure rooms for triple or quad occupancy.

How would you like your bedding arranged? Queen size bed Two twin beds

Have you sailed with Royal Caribbean before? Yes No

If YES, please list your Crown & Anchor # : _____

Dining: The majority of the Group Guests will request the Early/Main evening dining time (at 5:30pm) in order to participate in all of the special activities that will be planned onboard for group guests.

Please indicate your dining request: Early/Main dining (5:30pm) OR Late Dining (8:00pm) OR My Time Dining

Note: other dining options are available to provide flexibility throughout the cruise. All dining rooms, staterooms and balconies are non-smoking.

Please indicate if you have any special celebrations to be recognized onboard and on what date _____

Transportation: if you would like assistance with flight arrangements/transfers in conjunction with the cruise, please list your home air city: _____ Are you interested in any pre/post-cruise hotel stays? Yes No

Physical Limitations / Medical Conditions: Please list medical conditions for which you receive ongoing treatment (even controlled/stable). _____

Travel Insurance Options for US Residents (must be purchased by final payment)

- Please have an agent contact me to discuss the options
- I would like to purchase Allianz insurance.
- I would like to purchase Royal Caribbean's Travel Protection.
- I am aware of travel insurance benefits and I decline purchase of cancellation coverage at this time.

If more than two guests are sharing a room, please list all their applicable information here:

3) Mr Mrs Ms Dr First _____ Middle _____ Last _____
(Legal name as it appears on your Passport)

Birth Date: _____ Preferred Nickname: _____

Email: _____ Phone: _____

4) Mr Mrs Ms Dr First _____ Middle _____ Last _____
(Legal name as it appears on your Passport)

Birth Date: _____ Preferred Nickname: _____

Email: _____ Phone: _____

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