

Please complete and return this form to reserve your space on with Oceania Cruises.		on	Name of Trip				 Date	
Send to:					·			
Farmers State Bank Kathy Leesekamp, Connect Club Director 1240 8th Ave Marion IA 52302							Co	SB nnec
PLEASE FILL OUT ONE FORM PER MAILING ADDRES	SS							
OCEANIA CRUISES PROGRAM SELECTIONS:  □ WITH AIRFARE Preferred departure city: _ OLIFE CHOICE Selection (pick one): □ Free sh Category: First choice _ Single and triple accommodations are an addit □ Twin (2 beds) □ Single □ Queen □ The	hore excursions	s □ Free _ Second o	House S choice _	elect Bevera	age Packa	ge 🗖 Shipboa	rd credit Stater Bed Type:	room
**You must be fully vaccinated within 14 days GUEST 1: Full Name (as it appears on your passport)	prior to travel.		port is re		this tour (	Provide a copy to	o Kathy Leesek	tamp)
First	M			Last				
Preferred Name (for name badge)					Birthdat	e (MM/DD/YYYY)		
Email								
Mailing Address								
City				State		ZIP		
Main Phone			Alternate Phone					
Roommate's Name (if differernt than above)		Special Request						
GUEST 2: Full Name (as it appears on your passport)								
First		М	Last					
Preferred Name (for name badge)				Birthda		ate (MM/DD/YYYY)		
DEPOSIT: A deposit of \$750 per person is required to refundable up to the final payment date.	o pre-register for	r this sailing	g. Please	make check	s payable t	o Go Next. Final l	Payment Due 4/	7/2022. Fully
Charge my card for the deposit of \$	Name on card					Sign X		
Billing Address							s	ame as mailing
Card Number			CVV			Exp. Date		
Signatures are required from each person traveling, includi terms and conditions stated in the Operator/Participant Agr		ardian signatu	ires for tra	veling minors.	I have read	received a copy of,	understand, and	accept the
Signature.	Print Name:						Date:	

\_ Date: \_

\_\_ Print Name: \_\_