

— LET'S GO! —

**SEND TO:**

Farmer's State Bank  
1240 8th Avenue  
Marion, IA 52302  
Phone: 319-294-2900

**FARMER'S STATE BANK:**

Byzantine Antiquity  
Sep 4-14, 2022

**THREE WAYS TO RESERVE YOUR SPOT!**

1. Email [kathyleesekamp@fsbmail.net](mailto:kathyleesekamp@fsbmail.net)
2. Call Kathy Leesekamp at 319-294-2900
3. Fill out and return reservation Form

LET'S GO!

\*You must be fully vaccinated within 14 days prior to travel.

\*A passport is required (Provide a copy to Kathy

STATEROOM/SUITE CATEGORY PREFERENCE		1ST CHOICE:	2ND CHOICE:
BED PREFERENCE <input type="checkbox"/> TWIN (2) <input type="checkbox"/> QUEEN <input type="checkbox"/> SINGLE <input type="checkbox"/> TRIPLE TRIPLE ACCOMMODATIONS ARE AN ADDITIONAL COST AND SUBJECT TO AVAILABILITY.			
OLIFE CHOICE SELECTION <input type="checkbox"/> FREE SHORE EXCURSIONS <input type="checkbox"/> SHIPBOARD CREDIT <input type="checkbox"/> FREE HOUSE SELECT BEVERAGE PACKAGE			
OPTIONAL PROGRAMS <input type="checkbox"/> PRE-CRUISE			
RESERVATION SELECTION    AIRFARE FROM MCI INCLUDED <input type="checkbox"/> WITHOUT AIRFARE (AIR CREDIT AVAILABLE; CALL FOR DETAILS.)			
ALL GUESTS MUST TRAVEL WITH A GOVERNMENT-ISSUED PHOTO ID AND VALID PASSPORT.			
GUEST 1 PASSPORT NAME <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> DR <input type="checkbox"/> MS		FIRST NAME	
MIDDLE NAME		LAST NAME	
GUEST 1 BIRTH DATE (MM/DD/YYYY)		PREFERRED NAME FOR NAME BADGE	
EMAIL		PHONE	
MAILING ADDRESS			
CITY/STATE/ZIP			
GUEST 2 PASSPORT NAME <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> DR <input type="checkbox"/> MS		FIRST NAME	
MIDDLE NAME		LAST NAME	
GUEST 2 BIRTH DATE (MM/DD/YYYY)		PREFERRED NAME FOR NAME BADGE	
EMAIL		PHONE	
MAILING ADDRESS			
CITY/STATE/ZIP			
ADJACENCY REQUEST: PORT		ROOMMATE'S NAME	
<b>DEPOSITS:</b> A DEPOSIT OF \$750 PER PERSON IS DUE WITH YOUR RESERVATION APPLICATION. CRUISE FARE DEPOSITS AND THE FINAL PAYMENT MUST BE MADE BY CHECK. PLEASE MAKE CHECKS PAYABLE TO GO NEXT. FULL PAYMENT IS REQUIRED BY 4/26/22.			
<small>MAKING A DEPOSIT OR ACCEPTANCE OR USE OF ANY VOUCHERS, TICKETS, GOODS, OR SERVICES SHALL BE DEEMED CONSENT TO AND ACCEPTANCE OF THE TERMS AND CONDITIONS STATED IN THE APPLICABLE OPERATOR/PARTICIPANT AGREEMENT, INCLUDING LIMITATIONS ON RESPONSIBILITY AND LIABILITY. Signatures are required from each person travelling, including parent and guardian signatures for traveling minors. I have read, received a copy of, understand, and accept the terms and conditions stated in the operator and participant agreement.</small>			
SIGNATURE: _____			
PRINT NAME: _____		DATE: _____	
SIGNATURE: _____			
PRINT NAME: _____		DATE: _____	