



To make your reservation, please complete the information below:

\* Required

**SECTION 1: TRAVELER INFORMATION**

\* Name EXACTLY as it appears on your Passport (first, middle, last):

\* Home Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Phone #: \_\_\_\_\_ (Home or Cell)

\* Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \* Gender: \_\_\_\_\_

\* Passport Number: \_\_\_\_\_

\* Passport Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* NCL Latitudes Number: \_\_\_\_\_

\* Emergency Contact Name (Someone not traveling with you):

\* Emergency Contact Relationship: \_\_\_\_\_

\* Emergency Contact Phone Number: \_\_\_\_\_

List any Dietary Restrictions/Food Allergies/Medical Conditions:

\_\_\_\_\_

**SECTION 2: GUEST INFORMATION**

\* Name EXACTLY as it appears on your Passport (first, middle, last):

\* Home Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Phone #: \_\_\_\_\_ (Home or Cell)

\* Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \* Gender: \_\_\_\_\_

\* Passport Number: \_\_\_\_\_

\* Passport Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* NCL Latitudes Number: \_\_\_\_\_

\* Emergency Contact Name (Someone not traveling with you):

\* Emergency Contact Relationship: \_\_\_\_\_

\* Emergency Contact Phone Number: \_\_\_\_\_

List any Dietary Restrictions/Food Allergies/Medical Conditions:

\_\_\_\_\_

**SECTION 3: ACCOMMODATIONS**

- Cabin preference (circle one): Ocean View - \$1,829.00 per person Balcony - \$2,379.00 per person
- Bedding preference (circle one): King 2 Twin Beds

**SECTION 4: INSURANCE**

We strongly recommend purchasing Travel Insurance to cover your investment in case you need to cancel the trip for medical reasons or if the trip is cancelled due to supplier bankruptcies, etc. Insurance must be purchased no later than 15 days after the first deposit has been made. Plan costs are based on total trip cost and age PER PERSON. Insurance is non-refundable and non-transferable. You receive basic coverage in the event of unforeseen trip-related expenses such as: Trip cancellation, interruption and delay; emergency medical treatment or evacuation; Lost, stolen or damaged baggage or travel documents; and baggage delay.

\* I choose: (Check One) \_\_\_\_\_ To purchase the recommended travel insurance \_\_\_\_\_ To decline travel insurance at this time

**SECTION 5: PAYMENT INFORMATION** *Final balance due by Friday, December 19, 2025*

Payment Methods: Check or Credit Card. Please make check payable to: **Krouse Travel**  
If you pay your trip **by check**, do not fill out credit card information but **please sign and date the registration form.**

Name on Credit Card: \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_ Amount to charge on card: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 6: CANCELLATION SCHEDULE (per person)**

- \$250 Deposit due at time of booking
- Jan 15 – Feb 12, 2026 – 25% of total cost
- Feb 13 – Mar 14, 2026 – 50% of total cost
- Mar 15 – April 13, 2026 – 75% of total cost
- April 14 – May 14, 2026 – 100% nonrefundable

**A \$50 per person administrative fee will be charged in addition to any cancellation penalty listed above**

**Please mail your completed form and deposit to:**

Krouse Travel  
1284 Greensprings Drive  
York, PA 17402  
Attn: Mindy Eveler

For more information, contact  
Wendy Knaub (717)-938-0572 OR  
Mindy Eveler (717)-855-2135