

# THE AESTHETIC CRUISE 2024

July 11-23, 2024

OCEANIA CRUISES — Vista



## OCEANIA CRUISES® VISTA Cruise Reservation Form

100% of cruise fare deposit is required

Category \_\_\_\_\_ Price \_\_\_\_\_

**PLEASE LIST LEGAL NAMES ONLY (Proof of ID required upon check-in at the pier - Valid Passport is required)**

1st Passenger \_\_\_\_\_ Date of Birth \_\_\_\_\_

2nd Passenger \_\_\_\_\_ Date of Birth \_\_\_\_\_

3rd Passenger \_\_\_\_\_ Date of Birth \_\_\_\_\_

4th Passenger \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

**(List additional addresses on other side of this form)**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ if not US Citizen, Country of Citizenship \_\_\_\_\_

Dining: **Open Seating**

Special Medical, Dietary Needs or Requests: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Cruise Privileges Program

American Express Platinum \_\_\_\_ Centurion \_\_\_\_

MasterCard \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_ American Express \_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp \_\_\_\_\_

CID #: \_\_\_\_\_ **(This is the security code on your credit card)**

Name on Card: \_\_\_\_\_

**I authorize Cruise Brothers to use this card for payment toward the sailing referenced above.**

**Make Checks payable to Cruise Brothers**

**Signature of Cardholder**

**Bob Newman at Cruise Brothers**

820 Bald Hill Road

Warwick, RI 02886

**(888) 278-7776 Fax: (508) 276-0187**

[bnewman@cruisebrothers.com](mailto:bnewman@cruisebrothers.com)

