



CST #2065932-40

661-873-0730 – 24/7 fax or msg ~ e-mail: bev@ByrdsEyeViewTravel.com  
Checks payable to: Byrds' Eye View ~ Mailing: 4000 Flintridge Dr., Bakersfield, CA 93306

**Name/s (legal, as on passport):** \_\_\_\_\_

**Number of persons in room:** \_\_\_\_\_ **Roommate, if applicable:** \_\_\_\_\_

**Room Type Requested:** \_\_\_\_\_ **Dining request:** \_\_\_\_\_  
(Category or description, inside/outside stateroom, balcony, suite)

**Date/s of birth:** \_\_\_\_\_

**Passport/DL#, Expiration, place of issue:** \_\_\_\_\_

**Special Dietary or medical needs?** \_\_\_\_\_ **Country of Citizenship:** \_\_\_\_\_

**Beds: Together (queen), Separate (twin) - Insurance Request: Yes/No - First cruise? Yes/ No**  
*(Please circle choices)*

**Previous cruises or Return Cruiser number/ level:** \_\_\_\_\_

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

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

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**E-Mail Address/es:** \_\_\_\_\_

\*\*\*\*\*

**Credit Card Authorization**

**Name (as it appears on Card):** \_\_\_\_\_

**Card Billing Address (if different):** \_\_\_\_\_

**Card Type:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **3 or 4 Digit Security Code:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Charge Amount: \$** \_\_\_\_\_ **Charge Final Payment to this card when due? Yes/No**

**Charge final to different card? (Name/No./exp/code):** \_\_\_\_\_

Credit Card authorization: I acknowledge that the information above is correct. I authorize Byrds' Eye View to charge my credit card the amount noted on this form for my travel arrangements. Byrds' Eye View may charge a change or cancellation fee of \$25 P/P.

**X** \_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date