

**CALTA CRUISE 20
RESERVATION REQUEST
FORM**



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FORM**

JEWEL of the SEAS

April 1, 2027

Complete this form and email to **caltacruise@gmail.com**. An email with the complete information will also be accepted. Reservations are not confirmed until the deposit has been applied and confirmation has been received. **PLEASE WRITE CLEARLY.** All prices are based on availability at time of deposit.

PASSENGER NAME (First & Last Name must match the identification used for this cruise)		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:	PAST GUEST OF ROYAL CARIBBEAN (?)	
TELEPHONE NUMBER:	EMAIL ADDRESS:	
2ND PASSENGER NAME (Name must match the identification used for this cruise)		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:	PAST GUEST OF ROYAL CARIBBEAN (?)	
TELEPHONE NUMBER:	EMAIL ADDRESS:	
<p>DEPOSIT OF \$100 PER PERSON IS REQUIRED TO SECURE YOUR RESERVATION. (\$200 for Single Occupancy)</p> <p><u>ONLY THOSE FORMS INCLUDING COMPLETE CREDIT CARD INFORMATION WILL BE ACCEPTED FOR CONFIRMATION.</u></p> <p>Please refer to the informational brochure for all details & information.</p>		
CREDIT CARD NUMBER:	EXPIRATION:	
SECURITY CODE:	CARD HOLDER:	BILLING ZIP:
<p>U.S. CITIZENS REQUIRE A PASSPORT VALID 6 MONTHS PAST DATE OF RETURN OR A STATE ISSUED CERTIFIED BIRTH CERTIFICATE ALONG WITH A GOVERNMENT ISSUED PHOTO I.D.</p>		

STATEROOM REQUEST _____ INSIDE **(WAITLIST ONLY)** _____ OCEANVIEW **(WAITLIST ONLY)**
 _____ BALCONY **(WAITLIST ONLY)**

(Please mark 1st, 2nd, and 3rd Choice)

Price is per person based on double occupancy. 3rd & 4th Guests on request

SPECIAL REQUESTS: _____