



9149 Marigold Ln. • Munster, IN 46321 • Fax 219-923-6331
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www.mymyerstravel.com

I give Barbara Radbel-Myers authorization to purchase my travel plans using my credit card.

_____ expiration _____ 3 digit code _____

I understand I am fully responsible for the charges. It is **highly recommended** to purchase travel insurance.

Name as it appears on the card: _____

Billing address for the credit card is: _____

Names of travelers printed as they are on current driver's license/photo id cruising must have birth certificate with raised seal for I.D.

1. _____ date of birth _____

2. _____ date of birth _____

3. _____ date of birth _____

4. _____ date of birth _____

Name of traveler *exactly* as it appears on passport _____

date of birth _____ Passport Number _____ Passport Expires _____

Name of traveler *exactly* as it appears on Passport _____

date of birth _____ Passport Number _____ Passport Expires _____

Name of traveler exactly as it appears on Passport _____

date of birth _____ Passport Number _____ Passport Expires _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax Phone: _____

Email _____ Email _____

EMERGENCY CONTACT (not traveling with you phone & relationship) _____

_____ I have chosen to DECLINE purchase of insurance for my travel plans and will accept penalties imposed by travel/cruise companies in the event of a cancellation.

_____ I have chosen to purchase travel protection from the travel/cruise company.

_____ I have chosen to purchase Travel Safe Insurance.

Signature of card holder

Date

Please sign and fax 219 923 6331 - scan to mymyerstravel@hotmail.com 219 201 4519cell/text or 219 838 8562 Land

Early ___ Late ___ MY Time ___ dining