

**NORWEGIAN CRUISE LINE  
RESERVATION FORM**

\*Required Fields to book your reservation



**Destination:** I tggmKngu  
**Group Leader:** Nqppc'Uknlpf .'O TURC"  
**Cruise Date:** Ugrvgo dgt '3.'4247

**PLEASE CALL 1-800-423-0247 FOR WHEELCHAIR/SCOOTER ACCESSIBLE CABIN AVAILABILITY**

**This form can be filled out on our website! Just click [MAKE A RESERVATION](#) at [grandamericantours.com](#)**

**PLEASE PRINT CLEARLY - EACH PASSENGER MUST FILL OUT HIS/HER OWN FORM**

**NAME\*** \_\_\_\_\_  
(Check One) (Mr.) \_\_\_\_\_ (Mrs.) \_\_\_\_\_ (Miss) \_\_\_\_\_ (Ms.) \_\_\_\_\_  
**(First, Middle and Last Name. Exactly as printed on your Passport.)**  
\*There is a fee to change an incorrect name\*

**ADDRESS\*** \_\_\_\_\_

**CITY\*** \_\_\_\_\_ **STATE\*** \_\_\_\_\_ **ZIP\*** \_\_\_\_\_

**CELL PHONE** (\_\_\_\_\_)  **HOME PHONE** (\_\_\_\_\_)   
\*Please check the box to indicate which is your preferred contact number.

**E-MAIL** \_\_\_\_\_ **DATE OF BIRTH\*** \_\_\_\_\_

**COUNTRY OF BIRTH** \_\_\_\_\_ **U.S. PASSPORT NUMBER** \_\_\_\_\_

**ISSUING AUTHORITY** \_\_\_\_\_ **DATE ISSUED** \_\_\_\_\_ **DATE OF EXPIRATION** \_\_\_\_\_  
*For example: United States Department of State (USDOS). Strongly recommended to be 6mo. Found to the right of the dates. after cruise.*

**NAME OF ROOMMATE:** \_\_\_\_\_

**CRUISE CATEGORY\*** \_\_\_\_\_ **COST\* \$** \_\_\_\_\_ **AMOUNT OF DEPOSIT ENCLOSED\* \$** \_\_\_\_\_  
*Your credit card will be charged the deposit amount to secure your reservation. The rest of your trip cost is due by your final payment date. You can make payments towards your trip on our website by clicking MAKE A PAYMENT in the top right corner of [www.grandamericantours.com](#).*

**Cabins cannot be booked until deposits are received from all parties in the cabin.**

**DEPOSIT\***  If paying by check, please check the box and make check payable to:  
Grand American Tours and mail to P.O. Box 50, Morton, PA 19070.

**TRAVEL PROTECTION IS HIGHLY RECOMMENDED. SEE TRAVEL PROTECTION FORM FOR DETAILS.**

How does your name appear on your Credit Card?: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Cancellation Policy:** Airfare, pre and post nights, and motorcoach transportation, if included, and any Grand American Tours service fees are non-refundable at the time your final payment is due to Grand American Tours. Cruise fare cancellation policy is according to the cruise line website. If you are unable to access the cruise line website, please call our office at 1-800-423-0247 for your cruise line's cancellation penalties. **Cancellation penalties of at least \$500 per person begin at 180 days prior to departure.**

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

By completing and signing this form you acknowledge and agree to the cancellation policy and the deposit amount will be charged to your credit card by Grand American Tours.

**See other side for personal preferences, requests, and to choose your perks!**

**GRAND AMERICAN TOURS**

P.O. Box 50 | Morton, PA 19070 | 1-800-423-0247 Nationwide | 610-328-4181 Local | 484-234-6170 Fax  
Make Reservations and payments towards your booked trip at [www.grandamericantours.com](#)

# Page 2 Reservation Form: Personal Preferences and Requests

SPECIAL OCCASION \_\_\_\_\_ DATE DURING CRUISE \_\_\_\_\_

CHOICE OF DINING: FREESTYLE DINING

BED PREFERENCE: \_\_\_ 1 QUEEN BED \_\_\_ 2 TWIN BEDS \_\_\_ TRIPLES (2 Twin Beds, 2 Uppers)

## CHOOSE YOUR PERKS\*

*Inside Cabin Category passengers check 2 perks. Oceanview cabin category and above get all 4 perks! Roommates must choose the same perks. Perks are only available for 1<sup>st</sup> & 2<sup>nd</sup> passengers in a cabin.*

\_\_\_ **Internet Package** \_\_\_ **Dining Package\*** \_\_\_ **Unlimited Open Bar** \_\_\_ **\$50/cabin Shore Excursion Credit**  
*\*Inside and Oceanview cabins get 1 meal specialty dining. Balcony cabins get 2 meals.*

ARE YOU A PAST PASSENGER WITH THIS CRUISE LINE? \_\_\_ YES \_\_\_ NO Latitudes # \_\_\_\_\_

ARE YOU A VETERAN? \_\_\_ YES \_\_\_ NO *Discounts for veterans may be available. We will let you know if they are.*

**IS AIRFARE INCLUDED ON THIS RESERVATION?\*** \_\_\_ YES \_\_\_ NO AIRPORT: \_\_\_\_\_

FLIGHT NOTES: \_\_\_\_\_

*TSA/Frequent Flyer numbers, seat requests, etc. Requests are not guaranteed*

EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT'S EMAIL ADDRESS \_\_\_\_\_

## ADDITIONAL REQUESTS

*Please let us know of any specific cabin requests, if you would like wheelchair assistance getting on/off the ship/planes, if you have a CPAP machine, if you have any dietary requirements, if you will be traveling with insulin, etc.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**TRAVEL PROTECTION FORM**  
To include with your travel protection payment



**Cruise Date: September 1, 2025**  
**Cruise Line: NCL**  
**Destination: Greek Isles**  
**Group Leader: Lonna Siskind, MRSPA**

All of this information can be found on our website at [www.grandamericantours.com](http://www.grandamericantours.com).

**Travel Protection Plan through Trip Mate**

*Travel protection can be purchased by check or credit card*

**\*\*\*TRAVEL PROTECTION PREMIUM IS NON-REFUNDABLE\*\*\***

Schedule of Benefits	Basic   Plan R774	Deluxe   Plan R774D
Trip Cancellation	Trip Cost	Trip Cost
Trip Interruption	150 % of Trip Cost	150 % of Trip Cost
Missed Connection	\$750	\$1,500
Trip Delay	\$1,000/\$200 per day	\$4,200/\$300 per day
Medical Expense	\$50,000 Excess Medical	\$50,000 Primary Medical
Evacuation/Repatriation	\$500,000	\$500,000
Accidental Death and Dismemberment	\$25,000	\$25,000
Baggage & Personal Effects	\$1,000	\$1,500
Baggage Delay	\$500/\$250 per day	\$750/\$250 per day
Review Plan Document	<a href="http://www.tripmate.com/wpR774">http://www.tripmate.com/wpR774</a>	<a href="http://www.tripmate.com/wpR774D">http://www.tripmate.com/wpR774D</a>

**PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER**

We will waive the Pre-Existing Medical Condition exclusion if all of the following conditions are met:

- (a) Your plan cost for this plan is received within 21 days of the date your initial payment or deposit for your trip is received; and
- (b) You are medically able and not disabled from travel at the time your plan cost is paid based on assessment of a physician

View a full description of coverage online at: <https://atc.tripassure.com/main/?welcome=GRAN0801PA>

Trip Protection Plan		
Cabin		
Cat.	Basic	Deluxe
IC	\$527	\$753
BC	\$605	\$863

*Travel Assistance provided by the designated provider listed in the Description of Coverage. **Travel Protection Policy payments must be paid by credit card or check to Grand American Tours from the individuals traveling, not from an organization or group leader.** This is to protect the organization from liability. We are an agency providing travel services for 3rd parties and hence we are not responsible for delays, damages, injuries or incorrect visa/passport information.*

*This advertisement contains highlights of the plans developed by Trip Mate, a Generali Global Assistance & Insurance Services brand, which include travel insurance coverages underwritten by United States Fire Insurance Company, Principal Office located in Morristown, New Jersey, under form series T7000 et al, T210 et al and TP-401 et al and non-insurance Travel Assistance Services provided by Generali Global Assistance, FootprintD® and Blue Ribbon Bags. The terms of insurance coverages in the plans may vary by jurisdiction and not all insurance coverages are available in all jurisdictions. Insurance coverages in these plans are subject to terms, limitations and exclusions including an exclusion for pre-existing medical conditions. In most states, your travel retailer is not a licensed insurance producer/agent and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may be compensated for the purchase of a plan and may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. CA DOI toll free number is 800-927-4357. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Trip Mate, a Generali Global Assistance & Insurance Services brand; HYPERLINK "https://www.tripmate.com/main/generali-global-assistance-insurance-services-licenses/"We are licensed in all states; 880 SW 145th Avenue #400 Pembroke Pines, FL 33027; 1-833-297-2258; assistancefees@tripmate.com. While Trip Mate markets the travel insurance in these plans on behalf of USF, non-insurance components of the plans were added to the plans by Trip Mate and Trip Mate does not receive compensation from USF for providing the non-insurance components of the plans.*

**AMOUNT OF TRAVEL PROTECTION \$ \_\_\_\_\_**

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

By completing and signing this form, you acknowledge and agree to purchase Trip Mate Travel Protection through Grand American Tours and the Travel Protection Premium is non-refundable.

**If paying by check, please make checks out to Grand American Tours and mail to PO Box 50, Morton, PA 19070.**

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