

*west awaits*

Total Payment Enclosed: \_\_\_\_\_

Insurance Accepted: \_\_\_\_\_ Insurance Declined: \_\_\_\_\_ Insurance Payment Included: \_\_\_\_\_

*Please call to Inquire about Travel Insurance. Although optional it is recommended.  
Please Initial Below:*

Deposit: \$250.00 x Number of Passengers: \_\_\_\_\_ = \$: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ 3 or 4 Digit Security Code \_\_\_\_\_

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

Stateroom Preference: Inside: \_\_\_\_\_ Oceanview: \_\_\_\_\_ Balcony: \_\_\_\_\_

I authorize Fayette Travel Centre & Royal Caribbean International to charge by credit card the amount below and agree to pay my credit card company for these charges.

**DEPOSIT OF \$250.00 PER PERSON**  
Deposit includes \$100.00 Non-refundable Reservation Fee

**PAYMENT INFORMATION**  
Please make checks payable to FAYETTE TRAVEL CENTRE  
or provide your credit card information and sign below.



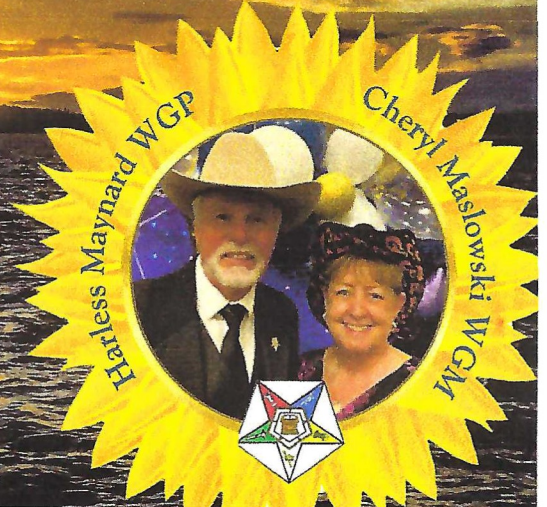
2024 OES GRAND FAMILY TRIP

# WESTWARD HO

*here we go!*

**JULY 12-19, 2024**

7 Nights Alaska Experience  
on Royal Caribbean Ovation of the Seas



## SEATTLE-CRUIISING

Sitka-Skagway-Endicott Arm  
and Dawes Glacier

## JUNEAU-CRUIISING

Victoria, British Columbia  
and back to Seattle

### PRICING PER PERSON INSIDE CABIN

\$1275.00 PER PERSON

### OUTSIDE CABIN

\$1450.00 PER PERSON

### BALCONY

\$2325.00 PER PERSON

These prices are based on double  
occupancy. Single, triple and quad  
rates available upon request.  
This is cruise only. Air available upon  
request. Cancellation insurance also  
AVAILABLE UPON REQUEST.



# ROYAL CARIBBEAN CRUISE Reservation & Payment Form

Please provide full legal  
name as listed on state  
issued, or government  
identification.

Names MUST match  
and boarding can be  
denied if they differ.

\$250.00 Non-Refundable Deposit Due NOVEMBER 15, 2023

Final Payment Due APRIL 1, 2024

Last Name: \_\_\_\_\_

First & Middle Names: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

Passport #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_

Royal Caribbean Crown & Anchor #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical/Dietary Needs: \_\_\_\_\_

Sharing With: \_\_\_\_\_

Special Requests: \_\_\_\_\_



**Fayette Travel Centre**

"Helping you PACKUP since 1986"

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ORTA #8724001