

REGISTRATION FORM

Mediterranean Cruise 2026 Oct. 23 to Nov. 3, 2026

Full Name (Names must appear EXAC	TLY as on your Passport)	Veteran? (check if yes)	
Traveling Partner(Names must app	ear EXACTLY as on your Passport)	Veteran? (check if yes)	
Please include a photocopy or pictu Names for name tags 1	re of your passport information		
Address:			
City: State:			
		2	
Emails:		Exp. Dates:	
Phone: Ce			
Previously Cruised with Holland Am			
Celebrating an anniversary, birthday	, or milestone event on this Cr	uise?	
Any special needs, diet, medical etc)		
Group Air Out of OMA: Yes			
If "No," what airport would y	ou like to fly out of?		
If "Yes," where would you lik	e picked up? Sioux Ceinter	_ Sioux City At Airport	
Mini-Suite \$5,999 pp: Balo	ony \$4,679 pp dbl: O	ceanview \$3,919 pp:	
Prices per person double PLUS A	IR Deposit Due: \$	1 Queen Bed: 2 Beds:	
A Travel Protection Plan is availa	ble and strongly recommend	led. Final Due Date:	
Yes: We do want Travel Prot	ection (Recommended). Extra	Touch will contact you with details.	
No: We do not wish to purch	ase Travel Protection.		
tion plans and are not responsible for any no companies, etc. who provide travel, accomp	egligence of the various airlines, cruis nodations and other services included chtours.com/policies. By my signature	ediary in the arrangements of your travel and vaca se lines, tour operators, suppliers, transportation In cruise, tour, or vacation packages. Please re- I have read and agree to the provisions in this om/policies.	
Send registrations to:	Sign:		
720 E. Norfolk Ave.	Phone: (712)		
Norfolk, NE 68701	Email: info@e	Email: info@extratouchtours.com	
Credit Card: Credit Card #	Exp. [Date: Security Code:	
Name on Card:			