

A Special Greece Tour, 2025



Carlson Maritime Travel

June 11 – June 24, 2025

Visit Crete and the Southern Dodecanese Islands Athens, Chania, Heraklion, Karpathos, Halki, Rhodes

PLEASE COMPLETE AND RETURN THIS REQUIRED FORM TO ENSURE PROPER REGISTRATION AND DOCUMENTATION FOR THIS TRIP.

Please print clearly your full name as it appears on your passport. Incorrect, illegible information will result in charges for reissuing airline tickets. **We will require a copy of your passport provided with this form.** Expiration of passport must be at least 6 months from the date of your return.

First Name Last Name Middle Name or Initial

Street Address City/ State Zip

Cell Phone Home Phone Date of Birth

E-Mail Address Emergency Contact Name Emergency Contact Phone

I will be contacting Carlson Maritime Travel for Air Arrangements _____ **OR** I will be doing my own _____
If Carlson Maritime Travel is not doing your air, please provide us with a copy of your itinerary.

I am rooming with (print name) / Rooming as Single (Single Supplement \$899.00)

Medical conditions we need to be aware of:

Global Entry Number: _____ Frequent Flyer Number _____

\$3399.00PP Double Occupancy Land Only. \$500.00pp Deposit Due at registration of which \$250.00 is non refundable. Final payment due 18APR2025. The pricing reflects a discount for payment by check. **3.5% Added if paying with Credit Card.** Payments are completely non-refundable after 18Apr2025. Insurance is highly recommended. Please make checks payable to Carlson Maritime Travel. Insurance is available upon request. International Air Pricing TBD.

Amount to be charged: _____ Date to be charged: _____

AX VI MC DS _____
Credit Card Type Credit Card Number Expiration Date Security Code

PLEASE INCLUDE COPY OF PASSPORT WITH DEPOSIT. EXPIRATION MUST BE AT LEAST 6 MONTHS POST RETURN DATE OF TRIP. PLEASE DO NOT FAX PASSPORTS.

Scan and email to: john@scarlontvl.com
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