

**Unitarian Universalist Fellowship of
Marion County Group
Group Deposit Form**

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

****Name must be as it appears on your Passport****

Mailing Address: _____

Phone Number: _____

Do you need Air? _____ Will you be traveling with group? _____

Which Viking River Cruise are you interested in depositing?

Rhine Getaway – April 24, 2010 / 8 Days _____

Or

Eastern European Odyssey – April 4, 2010 / 16 Days _____

Insurance Options:

Do you wish to purchase Travel Insurance? _____

Passport Information

USA Citizen? _____

Passport Number: _____

Passport Expiration Date: _____

Birthdate: (Month/Date/Year) _____

Will you be celebrating any special occasions? _____

Do you have any special Dietary Needs? _____

Do you have any special Cruise Needs? _____

Do you want one bed or two? _____

Deposit Information:

Deposit Amount to be paid: \$ _____

Credit Card Number: _____

Expiration: _____ CID # _____ (Security Code)

Name as it appears on Credit Card: _____

Signature: _____

For Agency Use: Peggy Sweet, Valerie Wilson Travel, 800/393-8728

