

UPA EASTER CRUISE

DUE SEPTEMBER 1st - #1

School/Studio/Gym Name: _____

(circle) Dance Cheer Both

Group Contact Name: _____

(circle) Dir/Tchr Coach Other _____

Day Phone: () _____

Eve Phone: () _____

Email: _____ @ _____ . _____

Address: _____

City: _____

State: _____ Zip: _____

DEPOSIT DUE

Total Guests = _____ x \$100 non refundable deposit = Amount Due \$ _____

Estimated **CABIN Block**: Add'l cabins may be added based on availability. Include Suite inquiries in the initial block.

Interior *QUAD* cabins (4 per room) = _____

Ocean View *QUAD* cabins = _____

**add'l charge for upgrade*

Interior *TRIPLE* cabins (3 per room) = _____

Ocean View *TRIPLE* cabins = _____

**add'l charge for upgrade*

Interior *DOUBLE* cabins (2 per room) = _____

Ocean View *DOUBLE* cabins = _____

**limited quantity available*

**add'l charge for upgrade*

____ Yes, I would like to know the cost of *SUITES* _____ (how many?) for _____ of people (how many?) in the cabin.

I realize the *SUITE* will NOT be located in the same area as the rest of the group. Once I receive the quote, I will decide whether or not to upgrade to the suite or stay in another type of cabin.

PAYMENT INFORMATION:

____ Check enclosed # _____

____ Charge my (circle) VISA MASTERCARD AM EXPRESS DISCOVER (3.5% service charge added)

Name On Card: _____

Card # _____ - _____ - _____ - _____

Expiration Date: _____ / _____ VIN # _____ (3 digits on back of card)

Billing Address House # _____ Zip Code: _____

Signature: _____

Mail To: UPA CRUISE 11101 Zealand Ave N Champlin, MN 55316

School/Studio/Gym Name: _____

Group Contact Name: _____

Day phone w/area code: _____

ROOMING LIST

PRINT OR TYPE INFORMATION CLEARLY

Indicate **CABIN** type: **Interior** (pkg.) **Ocean View** (\$30 add'l per person) **Suite** (price TBD)

Indicate **NUMBER** of people in the cabin: **Quad** (4) **Triple** (3) **Double** (2)

List **LEGAL** first and last **NAMES** as stated on passport. Include **DATE** of birth and **GENDER** for all attendees.

CABIN	LAST name	FIRST name	DATE OF BIRTH	GENDER
Type - _____	_____	_____	___/___/___	M F
# - _____	_____	_____	___/___/___	M F
_____	_____	_____	___/___/___	M F
_____	_____	_____	___/___/___	M F
Type - _____	_____	_____	___/___/___	M F
# - _____	_____	_____	___/___/___	M F
_____	_____	_____	___/___/___	M F
_____	_____	_____	___/___/___	M F
Type - _____	_____	_____	___/___/___	M F
# - _____	_____	_____	___/___/___	M F
_____	_____	_____	___/___/___	M F
_____	_____	_____	___/___/___	M F
Type - _____	_____	_____	___/___/___	M F
# - _____	_____	_____	___/___/___	M F
_____	_____	_____	___/___/___	M F
_____	_____	_____	___/___/___	M F

School/Studio/Gym Name: _____

Group Contact Name: _____

Day phone w/area code: _____

Refer to the most current statement for account balance. HALF of your balance is due at this time.

<http://www.upainc.net/site/cruise/cruise.htm>

Yes – you may send full payment anytime during the process.

PAYMENT INFORMATION:

_____ Amount \$ _____

_____ Check enclosed # _____

_____ Charge my (circle) VISA MASTERCARD AM EXPRESS DISCOVER (3.5% service charge added)

Name On Card: _____

Card # _____ - _____ - _____ - _____

Expiration Date: _____ / _____ VIN # _____ (3 digits on back of card)

Billing Address House # _____ Zip Code: _____

Signature: _____

School/Studio/Gym Name: _____

Group Contact Name: _____

Day phone w/area code: _____

Refer to the most current statement for account balance. TOTAL remaining balance is due at this time.

<http://www.upainc.net/site/cruise/cruise.htm>

DECEMBER 1st – FINAL PAYMENT DUE

Name change fees, cabin upgrades and late fees due with final payment. A \$25 per person late fee will be applied to each account if balance is not paid in full by December 1st. Account will be cancelled with no fees refunded if balance is not paid in full by January 1st.

TOTAL DUE \$ _____

PAYMENT INFORMATION:

_____ Amount \$ _____

_____ Check enclosed # _____

_____ Charge my (circle) VISA MASTERCARD AM EXPRESS DISCOVER (3.5% service charge added)

Name On Card: _____

Card # _____ - _____ - _____ - _____

Expiration Date: _____ / _____ VIN # _____ (3 digits on back of card)

Billing Address House # _____ Zip Code: _____

Signature: _____