

Complete & return to: Kathleen G. Tansey, CTC, MCC

20825—142nd Ave SE Kent, WA 98042

Z1002HALKT—CARVERS

NAME _____ BD ___/___/___ Citizen _____ Passport # _____ EXP ___/___/___
CARVER Yes ___ Beg. ___ Inter ___ Adv. ___ Master ___ No ___ Shirt SIZE _____ Past Pax # _____

Roommate _____ BD ___/___/___ Citizen _____ Passport # _____ EXP ___/___/___
CARVER Yes ___ Beg. ___ Inter ___ Adv. ___ Master ___ No ___ Shirt SIZE _____ Past Pax # _____

Address _____ City _____ State _____ Zip _____

PHONE # _____ Alternate # _____

EMAIL _____

Emergency Contact _____ Number _____

Medical /Special Requests _____

AIR From _____ Pre/ Hotel _____

OFFICE CODE Z1002HALKT CARVERS			
Cabin Assigned # _____	Deck _____		
Inside _____	Window _____	Balcony _____	Suite _____
TwN _____	Queen _____	Triple _____	Quad _____
Location: Mid ___ Aft ___ Forward ___			
Conf # _____			
Per _____	Date ___/___/___		
Deposit _____	Date ___/___/___		
Final _____	Date ___/___/___		
SF \$ _____	Date ___/___/___		

DEPOSIT \$ 350.00pp CHECK # _____ OR CC TYPE _____ # _____ EXP ___/___/___

Travel Insurance YES ___ NO ___ Cost _____

SIGNATURE SHOWS ACCEPTANCE OF ALL TERMS DATE

CARVER FEE \$250.00 PAID on ___/___/___ As stated in published cancellation policies set by operators & CWT-TC

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