



EXPLORER of the SEAS

April 9, 2026

CALTA CRUISE 19 RESERVATION REQUEST FORM

Complete this form and email to **caltacruise@gmail.com**. An email with the complete information will also be accepted. Reservations are not confirmed until the deposit has been applied and confirmation has been received.
PLEASE WRITE CLEARLY. All prices are based on availability at time of deposit.

PASSENGER NAME (First & Last Name must match the identification used for this cruise)		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:		PAST GUEST OF ROYAL CARIBBEAN (?)
TELEPHONE NUMBER:		EMAIL ADDRESS:
2 ND PASSENGER NAME (Name must match the identification used for this cruise)		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:		PAST GUEST OF ROYAL CARIBBEAN (?)
TELEPHONE NUMBER:		EMAIL ADDRESS:
DEPOSIT OF \$100 PER PERSON IS REQUIRED TO SECURE YOUR RESERVATION. (\$200 for Single Occupancy) ONLY THOSE FORMS INCLUDING COMPLETE CREDIT CARD INFORMATION WILL BE ACCEPTED FOR CONFIRMATION. Please refer to the informational brochure for all details & information.		
CREDIT CARD NUMBER:		EXPIRATION:
SECURITY CODE:	CARD HOLDER:	BILLING ZIP:
U.S. CITIZENS REQUIRE A PASSPORT VALID 6 MONTHS PAST DATE OF RETURN OR A STATE ISSUED CERTIFIED BIRTH CERTIFICATE ALONG WITH A GOVERNMENT ISSUED PHOTO I.D.		

STATEROOM REQUEST _____ INSIDE _____ OCEANVIEW _____ BALCONY

(Please mark 1st & 2nd Choice)

Price is per person based on double occupancy. 3rd & 4th Guests on request

SPECIAL REQUESTS: _____
