



Fiber Garden  
LLC

2017 Alaska Hand Spinners Cruise

## 2017 Alaska Hand Spinners Cruise Reservation Form

***Please complete one form per stateroom***

Please carefully read all information to insure that we are able to process your reservation and get your vacation plans off to a great start! If you have questions while completing your reservation form, please e-mail [deb@fibergarden.com](mailto:deb@fibergarden.com) or phone 715-284-4590. We're here to help!

### **Part One: Guest Information**

#### **Stateroom guest #1:**

First Name:  Middle:  Last:

*(Name must be listed EXACTLY as it appears on your passport or your government issued proof of citizenship!)*

Preferred Name (for name badge):  Birthdate (MM/DD/YYYY):

Mailing Address:

City:  State:  Zip:

Phone:  Country of citizenship:

E-mail:  Gender: ☐ Male ☐ Female

Captain's Circle number (for previous Princess Cruises guests):

Special needs (dietary, oxygen, mobility, etc.):

#### **Stateroom guest #2 (enter "same" in the fields that are duplicate information from guest #1):**

☐ Check here if you will not be sharing a stateroom or if you would like assistance with finding a roommate and leave the information for guest #2 blank.

First Name:  Middle:  Last:

*(Name must be listed EXACTLY as it appears on your passport or your government issued proof of citizenship!)*

Preferred Name (for name badge):  Birthdate (MM/DD/YYYY):

**Stateroom guest #2 continued:**

Mailing Address:

City:

State:

Zip:

Phone:

Country of citizenship:

E-mail:

Gender: ☐ Male ☐ Female

Captain's Circle number (for previous Princess Cruises guests):

Special needs (dietary, oxygen, mobility, etc.):

**Additional stateroom guests:** If you are planning a third or fourth occupant in your stateroom, please contact the Fiber Garden for pricing and stateroom availability.

**Part Two: Stateroom Preferences.** *Prices listed below are guaranteed and will not increase. Final pricing may vary depending on promotions being offered by the cruise line at the time trip reservations are made.*

Price includes stateroom, meals, prepaid gratuities, receptions, one evening group specialty dining, port fees, cruise taxes, \$50 on-board credit per stateroom. Spinners package also includes all materials and instruction for on-board spinning workshops during three days at sea, special cruise memento gift, group photo. ***Please make two rate selections if one occupant is a non-spinner.***

	Spinner double occupancy per person	Spinner single occupancy	Non-spinner double occupancy	Non-spinner single occupancy
<a href="#">Interior stateroom</a>	<input type="checkbox"/> \$1630	<input type="checkbox"/> \$2649	<input type="checkbox"/> \$1405	<input type="checkbox"/> \$2424
<a href="#">Ocean View</a>	<input type="checkbox"/> \$2110	<input type="checkbox"/> \$3609	<input type="checkbox"/> \$1885	<input type="checkbox"/> \$3384
<a href="#">Ocean View w/Balcony</a>	<input type="checkbox"/> \$2410	<input type="checkbox"/> \$4209	<input type="checkbox"/> \$2185	<input type="checkbox"/> \$3984

Preference for bedding arrangement: ☐ Two twin beds ☐ Queen bed

If you are traveling alone, would you like a stateroom companion if possible? ☐ Yes ☐ No

If you are traveling solo and would like to share a stateroom with another group member, please answer the following questions. We will help connect you with other solo travelers in our group to assist you in finding a stateroom companion. The decision with whom to share a stateroom will be yours. ***No guarantees can be made that solo travelers will find a compatible match to share a stateroom with, nor can the Fiber Garden be responsible if a roommate cancels a reservation. Single occupancy rates will apply in these cases, or you may cancel and receive a refund according to the cancellation schedule.***

Are you a smoker? ☐ No ☐ Yes (Please note that all ship staterooms and public areas are non-smoking)

Are you: ☐ a "night owl" ☐ "early to bed, early to rise"

Other information about yourself that will be important to know for stateroom pairings?

### **Part Three: Travel Insurance Waiver:**

Please carefully review "Travel Insurance Policy" and give consideration to protecting your travel investment. If you elect to purchase insurance, you will be contacted by the Fiber Garden with an exact price quote prior to the policy being purchased for you. Each stateroom guest, please indicate A, B or C below.

**A.** I would like to purchase travel insurance now. Please provide me with a quote.

**B.** I am considering purchasing travel insurance at a later date. Please provide me with a quote. (Insurance can be purchased anytime up to 24 hours prior to your trip departure. Be aware that purchasing more than 15 days after paying the initial trip deposit will limit some coverage, including coverage for pre-existing conditions.)

**C.** I do not want to purchase travel insurance. (Should you change your mind later, just contact the Fiber Garden.)

**Stateroom guest 1:** ☐A ☐B ☐C

**Stateroom guest 2:** ☐A ☐B ☐C

### **Part Four: Spinners Retreat Information** *(Hand spinners only need to complete this section.)*

Stateroom guest/spinner#1:

Do you need to rent a spinning wheel? (\$100) ☐ No ☐ Yes ☐ Unsure at this time

Stateroom guest/spinner#2:

Do you need to rent a spinning wheel? (\$100) ☐ No ☐ Yes ☐ Unsure at this time

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If you would like information on purchasing a wheel, please contact the Fiber Garden.

### **Part Five: Pre and Post Cruise Travel Information**

You do not need to know your travel plans when you register for the cruise. You can leave information you are unsure of in this section blank and the Fiber Garden will contact you and work with you to secure pre and post cruise flights, hotels, and cruise terminal transfers as needed.

How will you travel to and from Seattle? ☐ Fly ☐ Drive

What date do you plan to arrive in Seattle?

☐ Saturday August 5 ☐ Sunday August 6 (date cruise departs) ☐ Other:

*(Please be advised that if you are planning to fly, you should consider arriving the day prior to cruise departure to avoid issues related to flight delays, cancellations, etc.)*

What date do you plan to depart from Seattle when the cruise returns on August 13?

☐ Sunday August 13 ☐ Monday August 14 ☐ Other:

*(Departure from the cruise ship upon return to Cape Liberty will be coordinated based on your airline schedule; it is not a problem to schedule a flight home on the same date as your cruise returns.)*

Will you need a hotel prior to the cruise or upon return? A block of rooms will be reserved near the cruise port for our group. ☐ Yes ☐ No

Are you interested in participating in the three-night post-cruise tour in Seattle and the surrounding area?

☐ Yes ☐ No ☐ Unsure

Comments or other information related to your travel preferences/plans:

### **Part Six: Cancellation/Refund Schedule and Important Information**

***Trip Cancellations and Refunds.*** The following cancellation schedule applies to individuals who must cancel their trip reservation:

- Cancellations prior to May 24, 2017: Full refund less a \$50 administrative fee.
- May 24 – June 10, 2017: Cancellation fee is \$10% of total trip cost
- June 11 – July 8, 2017: Cancellation fee is 50% of trip cost per guest
- July 9 – July 22, 2017: Cancellation fee is 75% of trip cost per guest
- July 23 and later: Cancellation fee is 100% of trip cost per guest

Reservations may NOT be transferred to another individual if you need to cancel. Check your travel insurance policy for trip cancellation coverage.

### ***Princess Cruises Policy.***

Princess Cruises reserves the right to impose a fuel supplement on all guests of up to \$9.00 per person per day if the price of oil exceeds \$70.00 per barrel. These fees would be in addition to the quoted prices for this cruise.

### ***Criminal Convictions.***

You may be denied entry into your chosen destination as a result of any prior criminal convictions. It is your responsibility to check with the appropriate embassy to assess your situation.

### **Part Seven: Responsibility of Traveler**

Please acknowledge your responsibility to read and understand all information related to this trip. Questions should be directed to Deb at the Fiber Garden; [deb@fibergarden.com](mailto:deb@fibergarden.com) or phone 715-284-4590.

Signature of traveler 1:  Date:   
(You may type your signature in the box to acknowledge your acceptance of the terms.)

Signature of traveler 2:  Date:   
(You may type your signature in the box to acknowledge your acceptance of the terms.)

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Please complete Part 8 on the next page with your credit card authorization and then return all five/six pages of this reservation form to Deb at the Fiber Garden. Be sure and keep a copy for your records.

**Part Eight: Credit Card Authorization Information Traveler 1** *(All payments must be made by credit or debit card. Please complete section 8 for BOTH travelers if you will be using separate credit cards to pay for your trip.)*

Travel Consultant Name:  Cardholder/Traveler Name:

☐ MasterCard    ☐ VISA    ☐ Discover    ☐ American Express

Last four digits of card number:  Card expiration date:   
*(For security purposes, we will contact you to get the remainder of your credit card information.)*

Names of travelers to be charged to this credit card:

  

Credit card charges you are authorizing the Fiber Garden to make on your behalf are as follows:

Upon receipt of this reservation form: 20% of the cruise fare, and cost of travel insurance, unless waived or purchasing at a later date.

May 15, 2017: Balance of fee from part two above

Reservations for pre cruise hotel rooms, if requested. (Card will not be charged until check-in)

Airfare for flights reserved on your behalf by the Fiber Garden

Optional: After the initial deposit, if you would like to have monthly credit card payments made for payment towards your cruise balance, please note your desired payment schedule below. Any remaining trip balance on May 15, 2017 will automatically be charged to your credit card on that date.

Amount to charge monthly:  Day of month to charge:   
Date to begin processing payments:

I confirm the information I have provided is correct. I certify that I am an authorized credit card user for the above referenced credit card. I authorize Fiber Garden LLC to submit charges on my credit card for the amounts shown above. I agree to pay the total amount above according to the card issuer agreement.

Signature of cardholder:  Date:   
(as it appears on card)    You may type your signature in the box to acknowledge your acceptance of the terms.

**Please proceed to the next page to complete section 8 for the second occupant of the stateroom if charges will be made to different credit cards.**

Forms completed using the Word document can be e-mailed as an attachment to [deb@fibergarden.com](mailto:deb@fibergarden.com).

Printed forms can be mailed to:

Fiber Garden LLC, N5095 Old 54 Rd, Black River Falls WI 54615

If you'd prefer to fax your registration form, please e-mail or call for fax information.

**Part Eight: Credit Card Authorization Information Traveler 2** *(All payments must be made by credit or debit card. Please complete section 8 for BOTH travelers if you will be using separate credit cards to pay for your trip.)*

Travel Consultant Name:  Cardholder/Traveler Name:

☐ MasterCard    ☐ VISA    ☐ Discover    ☐ American Express

Last four digits of card number:  Card expiration date:   
*(For security purposes, we will contact you to get the remainder of your credit card information.)*

Names of travelers to be charged to this credit card:

Credit card charges you are authorizing the Fiber Garden to make on your behalf are as follows:

Upon receipt of this reservation form: 20% of the cruise fare, and cost of travel insurance, unless waived or purchasing at a later date.

May 15, 2017: Balance of fee from part two above

Reservations for pre cruise hotel rooms, if requested. (Card will not be charged until check-in)

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Amount to charge monthly:  Day of month to charge:

Date to begin processing payments:

I confirm the information I have provided is correct. I certify that I am an authorized credit card user for the above referenced credit card. I authorize Fiber Garden LLC to submit charges on my credit card for the amounts shown above. I agree to pay the total amount above according to the card issuer agreement.

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