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13-DAY MEDITERRANEAN SOLAR ECLIPSE

Cruise Dates 2026 August 9–August 22

Enrollment Form – Holland America’s ms Oosterdam



CONTINENTAL CAPERS TRAVEL AND CRUISES

8952 SW 92 Lane Gainesville FL 32608-7275 USA

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Current Date: _____

« PLEASE USE SAME FULL NAMES AS ON PASSPORTS »

Title	Last Name	First Name	Middle Name	DOB	Gender (Optional)
(1) _____ <small>(Mr./Ms./Dr./etc.)</small>	_____	_____	_____	mm / dd / yy	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> Other
(2) _____	_____	_____	_____	mm / dd / yy	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> Other
(3) _____	_____	_____	_____	mm / dd / yy	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> Other

Preferred First Names (If Any): (1) _____ (2) _____ (3) _____

Holland America Mariner Nos. (If Known): (1) _____ (2) _____ (3) _____

Address: _____ City: _____ State: _____ Zip: _____ Ctry: _____

Phone: Home _____ Work or Cell: _____ Email: _____

In Case of Emergency, Notify: _____ Relationship: _____ Phone: _____

Alt. Email: _____ T-Shirt Sizes: [Y, S, M, L, XL, XXL, XXXL] (1) _____ (2) _____ (3) _____

How Many Total Solar Eclipse Have Each of You Seen? (1) _____ (2) _____ (3) _____ (Enter no. for each person)

Astronomy Level [Beginner, Intermediate, Advanced, Expert] (1) _____ (2) _____ (3) _____

HEALTH INFORMATION

This information is confidential and provided on a voluntary basis

In good general physical health?: Yes No List dietary/restrictions/medical/physical conditions that may limit activities: _____

AIR ARRANGEMENTS — CONTACT US FOR TRAVEL INSURANCE AND TRIP EXTENSIONS

We recommend using Continental Capers to arrange air travel. We can provide discounted int'l airfare from all major airports in U.S. By handling cruise & air, we can provide the most complete service to our clients. *(Air bookings made as part of this cruise have no fees.)*

I would like Continental Capers to make my flight arrangements: Yes No

From which city should air transportation be arranged? City: _____ State: _____

Please specify preferences: Window Aisle Middle Notes: _____

Frequent Flyer No.: _____ Airline: _____

If You Are Making Your Own Air Travel Arrangements, Please Provide Continental Capers With A Copy Of Your Flight Itinerary

MAIL FORM (address at top) or EMAIL TO: marian@flycapers.com

For Office Use

PAYMENT INFORMATION PER PERSON WITH DOUBLE OCCUPANCY

Cruise Cost (Not incl. Air): Stateroom Class _____ Cost/Person: \$ _____ Total Cost: \$ _____

Check (payable to Continental Capers Travel, Inc.) Amount of Check or Credit Charge: \$ _____

Authorization charges for: Deposit: (\$ _____ /Person) or Payment in Full* (Bal. due by: _____)

Circle: Amex • MC • Visa • Cap1 • BA • Other. Credit Card No.: _____ Sec Code: _____ Exp. Date: ____/____

Name as appears on card: _____ Date: _____ Notes: _____

*International Air will be charged only if booked through Continental Capers