



## RESERVATION APPLICATION

**Please Return To:**

Moostash Joe Tours  
PO Box 969  
Fremont, NE 68026-0969

PH: (402) 721-7944  
Fax: (402) 721-7940  
E-mail: [mail@mitours.com](mailto:mail@mitours.com)

Please reserve \_\_\_\_\_ places for me/us on the **Legendary Blue Danube River Cruise, September 5 – 15, 2019.**  
Enclosed is my/our check in the amount of \$\_\_\_\_\_ (\$400 deposit per person), plus the optional  
Travel Protection Program (See rates below). **Payment for this protection plan must accompany your deposit.**

**Please check your choice of accommodations:** ☐ Riviera ☐ Vista ☐ Horizon

Travel Protection rates per person double occupancy: Riviera/Vista – \$373 Horizon – \$435

Please make checks payable to: **MOOSTASH JOE TOURS**

(ONLY CHECKS OR MONEY ORDERS ACCEPTED)

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_  
(PLEASE PRINT FULL NAME – IDENTICAL TO PASSPORT)

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_  
(PLEASE PRINT FULL NAME – IDENTICAL TO PASSPORT)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Home Area Code On-Trip Cell

E-mail Address(s) \_\_\_\_\_

I will room with (if other than spouse) \_\_\_\_\_

Other passengers I/we are traveling with \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_  
Name Phone Relationship

Emergency Contact #2: \_\_\_\_\_  
Name Phone Relationship

Please Check Your Preferred Pick-Up Point: ☐ Norfolk, NE ☐ Fremont, NE ☐ Omaha, NE ☐ Lincoln, NE

☐ I don't have a roommate but will share. Call for more information regarding the "Guaranteed Share Program."

☐ I desire single room accommodations (subject to availability). Please call for single occupancy rates.

**PLEASE ENCLOSE A COPY OF THE INFORMATION PAGE (PHOTO PAGE) OF YOUR PASSPORT  
VERY IMPORTANT! YOUR PASSPORT MUST BE VALID FOR AT LEAST 6 MONTHS AFTER YOU RETURN**