

CRUISE RESERVATION FORM

Cabin Choice: Category/Cabin #s Desired (or have travel agent select best available cabin in category chosen)

Passenger 1:

Name: (as on passport)

Birthdate: / /

Address:

Email:

Cell Phone: (ok to text: Y or N)

Emergency Contact: Name & Number:

First Cruise? Y or N

Carnival Previous Cruiser? Y or N

Passenger 2:

Name: (as on passport) Birthdate:

Birthdate: / /

Email:

Address: (If Different)

Cell Phone: (ok to text: Y or N)

Emergency (if Different):

Past Carnival cruiser? Y or N

First Cruise? Y or N

Do either of you have a special occasion to celebrate? Y or N

B-Day? (Whose) Anniv? Other? Circle) When? _____

Credit Card Information:

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Name on Card:

Account Number:

Type of card: _____

Expires:

Address for Account : Same as home?

Code: _____

Vacation Protection Plan (Insurance): Accept Decline- Circle (For 2 passengers)

* 6: 15 pm dining time is the time I have selected of available.. Do you want that time or 8:15? (Circle Choice)

*If different credit cards will be used by the 2 passengers, 2 forms may be submitted, but indicate who will be occupying the cabin with you on your form.

*By submitting this form, we agree for Carnival to charge a deposit of \$250 on the credit card listed to reserve a cabin for us and for Carnival to charge the remaining amount on the same credit card on the final date that is provided by the travel agent. This will include final cruise charges, port charges/taxes, and gratuity for each passenger. Insurance will be charged only if selected. Please sign or type names below:

NOTE: If payment by check or cash is preferred, please inform the travel agent.

Please return this Cruise Reservation form to Dr. Lynda Vern at Cruises.more@yahoo.com and please copy to lvern@verninsurancegroup.com.

For questions or to provide the information by phone, please call or text Lynda at (713) 907-4176.