

**Christine's Closet Hetero 2010 Poz Cruise Reservations Form**

**April 25 – May 2, 2010**

**Sailing from Galveston Montego Bay, Grand Cayman and Cozumel**

*Passport or enhanced driver's license is Required!!*

**Couples may fill out one form otherwise one form for each guest is required.**

**Please print clearly and neatly as some handwriting is difficult to read!!!!**

Legal Name (as on passport): \_\_\_\_\_

Passenger 1: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB / /

Passenger 2: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB / /

Address \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

1<sup>st</sup> Person Email \_\_\_\_\_ Carnival Past Guest Number \_\_\_\_\_

2<sup>nd</sup> Person Email \_\_\_\_\_ Carnival Past Guest Number \_\_\_\_\_

**Cabin Information:**

Inside Cabin: [ ] \$391.00 (Deck 1 or 2) [ ] \$411.00 (Deck 2 or 6)

Outside Cabin: [ ] \$511.00 (Deck 1 or 2)

Balcony Cabins: [ ] \$681.00 (Deck 6 or 7)

Mini Suite: [ ] On Request at prevailing rate

A deposit of \$250.00 per person is required. Final Payment is due by February 6, 2010. Rates are per person based upon two in a cabin. Please add taxes of \$219.94 (subject to change). Single occupancy rates are doubled plus \$159.00 tax.

Name of Roommate: \_\_\_\_\_

[ ] One large Bed [ ] Two twin Beds

I prefer a single cabin and will pay the single supplement: [ ] Yes [ ] No

I am requesting to be matched with a room mate: [ ] Yes [ ] No

Please note that you may find your own room mate up until February 1, 2010. After that date we will assign you a room mate.

**Billing Information:**

[ ] AMEX [ ] Visa [ ] Mastercard [ ] Discover Exp Date \_\_\_\_\_

Card Number \_\_\_\_\_ Card Holder Name \_\_\_\_\_

I authorize Cruise Designs/Universal Travel to charge deposits and final payments to my card.

Signature of Cardholder \_\_\_\_\_

This card will be used for final payment unless you notify me prior to February 6, 2010.

**Cancellation and Insurance Information:**

A \$50.00 per person administration fee will be applied to any cancellations received by February 6, 2010. In addition the following cancellation policy as imposed by Carnival Cruise Line will apply:

Within 75 – 57 days of sailing Loss of Deposit

Within 56 – 29 days of sailing 50% of Total Fare

Within 28 days of sailing 100% of Total Fare

Trip cancellation insurance is strongly recommended. Insurance will allow you to recover monies lost from the insurance company. Covered reasons include medical, death, hurricanes/bad weather, jury duty, damage to home, etc. The cost of the insurance depends on the price of your trip and your age. For example trips under \$1000.00 for people up to the age of 59 will cost \$78.00.

[ ] Yes I want insurance [ ] No. I decline insurance

**I have read, understand and accept the information regarding cancellations and insurance.**

Signature \_\_\_\_\_

Please fax form to:

Paul Stalbaum, Jacaranda Travel/American Express, 1789 N University Drive, Plantation, FL 33322

Local phone: 954 – 473 - 6611 Toll free: 888 – 640 - 7447

paul@jacarandatravel.com

FAX: 954 – 566 - 5109