

PLEASE PRINT LEGIBLY COMPLETING ALL PAGES | COMPLETED FORM MAY BE MAILED, SCANNED & EMAILED OR FAXED

TSA AND THE DEPARTMENT OF HOMELAND SECURITY <u>REQUIRE</u> THAT THIS DEMOGRAPHIC INFORMATION BE INCLUDED. PLEASE COMPLETE IN FULL TO AVOID FURTHER SCRUTINY, BOARDING DENIALS, OR CHECK-IN DELAYS.

EACH TRAVELER MUST COMPLETE THE ENTIRE FORM.
PARENT OR GUARDIAN MUST SIGN THE DISLOSURES FOR MINORS

# PERSONAL INFORMATION - PLEASE ENTER NAME AS IT APPEARS ON YOUR PASSPORT/GOVERNMENT ID YOUR PERSONAL INFORMATON First Name Middle Birthdate Gender Last Name Street Address Apartment/Unit # State ZIP City Phone E-mail Address TRAVEL COMPANION/ROOMMATE First Name Middle Birthdate Last Name Gender ADDITIONAL REQUESTS /GUESTS WITH SPECIAL NEEDS Please use this area to indicate any additional needs you may have. For example, if you'd like to stay in Miami before or after the cruise and would like hotel, air, car, attraction details, enter them here. Please be sure to include applicable dates and constraints. You will be contacted via email with additional information. If you require special assistance, such as wheelchair, special dietary needs, cribs, etc. please provide full details with this form, indicating the type of assistance needed so Carnival can try to accommodate them. Please note that special accommodations may have additional costs associated with them. **EMERGENCY CONTACT INFORMATION** Name: Phone: Relationship: CRUISE ITINERARY - CARNIVAL MAGIC | MAY 17-23 2020 WEDNESDAY MAY 20 | AMBER COVE, DOMINICAN REPUBLIC SUNDAY MAY 17 | DEPART MIAMI THURSDAY MAY 21 | GRAND TURK, TURKS AND CAICOS MONDAY MAY 18 | HALF MOON CAY, BAHAMAS FRIDAY MAY 22 | FUN DAY AT SEA TUESDAY MAY 19 | FUN DAY AT SEA SATURDAY MAY 23 | RETURN TO MIAMI **PORT TRAVEL PLANS** Anticipated Date of Arrival: Airport Departure City: Method of Travel (select one): ☐ Plane ☐ Train ☐ Automobile Other (Please specify) INDEPENDENT AIR TRAVEL DETAILS I would like assistance with booking flights or information on group air Departure City: options, please contact me with pricing: I understand that air plans must be paid for and confirmed no later than 21 days (April 26, 2020) prior to departure. Travel documents will not be released and transfers can't be confirmed until this information is provided to GDS Travel Solutions. INITIAL



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# PLEASE READ CAREFULLY AND INITIAL ALL TERMS AND CONDITIONS

### **PAYMENT / CANCELLATION POLICIES**

The initial down payment plus options is now due. The balance will can be divided into equal monthly payments due by the 15th of each month, with the final payment due by March 1, 2020. All amounts are per person. Once the initial deposit made, the cancellation policy is as follows:

#### **CANCELLATION POLICY**

DAYS PRIOR TO DEPARTURE	DATES	CANCELLATION CHARGE PER GUEST
UP TO 150 DAYS PRIOR TO DEPARTURE	ON OR BEFORE DECEMBER 19, 2019	INITIAL DEPOSIT & 100% OF AIR PORTION
149 DAYS - 61 DAYS PRIOR TO DEPARTURE	DECEMBER 20, 2019 – MARCH 17, 2020	50% OF TOTAL CRUISE FARE & 100% OF AIR
LESS THAN 60 DAYS PRIOR TO DEPARTURE	AFTER MARCH 17, 2020	100% OF TOTAL CRUISE FARE/AIR (NO REFUND)

I understand the cancellation/amendment policies of the vendor's travel program that I have purchased. I have reviewed the dates, times, and reservations made on my behalf by GDS Travel Solutions and I agree that they are correct and accurate. Unless otherwise stated, this trip is nonrefundable. I understand that GDS Travel Solutions is not responsible for any cancellation, errors or omissions on my behalf or on the behalf of vendors providing travel services as a result of this reservation. I understand that I will be charged for any vendor cancellation fees and an additional agency fee of \$50 per person in the event of cancellation if I do not purchase travel insurance. This fee must be collected via debit/credit card before the cancellation can be processed. In addition, I understand the fees that will be assessed per person as a result of any changes/cancellation of this transaction. I addition, I understand the fees that will be assessed per person fee as a result of any changes/cancellation of this transaction. I understand that in the event the cancellation fees are greater than the amount paid at the point of cancellation, I am still liable for the cancellation fees. I also understand that my cancellation also impacts my roommate's reservation. I acknowledge that I have received the details of the cancellation fees associated with this itinerary. I agree to pay all charges, fees, or penalties, and hereby hold GDS Travel Solutions free of any claims made as a result of the changes/cancellation of this travel reservation. INITIAL

## **CHANGES IN OCCUPANCY**

Please know it is your responsibility to be sure that whoever you choose as your roommate/ travel mate for your selected travel event is also making their monthly payments. We can provide roommate account summaries upon request. Cancellations of a person or persons in a package that involve a change in stateroom configuration or category (for example from double occupancy to single occupancy, from ocean view to a balcony) are subject to rates in effect at the time cancellation is made. If the change is made after December 19, 2019, a \$75 change fee will be implemented, in addition to the difference in pricing. INITIAL\_\_\_\_\_\_\_

### **NAME CHANGES**

A \$75 name change fee applies to all reservations, if a roommate is changed after December 19, 2019. This fee is in addition to any cancellation policies incurred by the roommate that cancels. If a roommate cancels, and a replacement can't be found the reservation will be rebooked and subject to rates based on the remaining occupant(s) in effect at the time cancellation is made. Only one name change per cabin is allowed. **INITIAL** 

### CITIZENSHIP REQUIREMENTS

U.S. Passports are strongly recommended. As this is a closed loop cruise, acceptable forms of proof of citizenship are: US Passport, US Passport Card, Enhanced Driver's License, Driver's License accompanied with Birth Certificate. <u>Any other forms of identification are UNACCEPTABLE</u>. Proof of citizenship must be VALID and UNEXPIRED (i.e., no suspended license or expired Passport). GDS Travel Solutions will not be held responsible for any boarding denials as a result of not having the proper proof of citizenship. <u>Initial</u>

#### MISSED EMBARKATION DISCLOSURE

The ship departs at 3:30 pm. Not 4:35, 5:17 or 5:26pm. I must check in on the vessel at least 2 hours prior to departure OR you WILL be DENIED boarding. I understand that, if I miss the embarkation, I WILL FORFEIT MY CRUISE AND, I WILL BE FINANCIALLY RESPONSIBLE FOR MEETING THE CRUISE AT THE NEXT PORT OF CALL IF POSSIBLE. Initial

## MONTHLY PAYMENTS/ABANDONMENT OF RESERVATION

After you make your first deposit, you are required to make monthly deposits or your booking may be cancelled for abandonment of reservation. This vacation is designed to allow for flexible monthly payments. Monthly payments are due on the 15<sup>th</sup> of each month. If you find yourself in a difficult financial situation and cannot make a monthly payment please email us immediately. If two months have passed without payment or communication, an initial notice of cancellation will be sent. All previous payments will be forfeited. If no communication or payment is made after the initial notice, the reservation will be cancelled. The cancellation policy in effect at that time will be applied. This may cause financial impact to remaining cabin mate(s). Final payment is due March 1, 2020. If you fail to make your final payment by the final payment date, your reservation will automatically cancel and all previous deposits will forfeit. **Initial** 

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### PLEASE PRINT LEGIBLY COMPLETING ALL PAGES | COMPLETED FORM MAY BE MAILED, SCANNED & EMAILED OR FAXED **STATEROOMS** Pricing (per person) based on double occupancy. Pricing includes cruise rate, taxes and service fees, prepaid gratuities, and port charges. Triple and quad occupancy rates available upon request. **CHEERS! BEVERAGE PROGRAM SELECT CABIN TYPE** COST **SELECT** COST \$368.00 **INSIDE CABIN** \$790 **DELUXE OCEANVIEW** \$880 Remember, all adults sharing the same cabin must add the CABIN CHEERS! Package. Add \$30 to the initial deposit. **BALCONY CABIN** \$1025 Bedding Configuration (Select One) ONE BED ☐ TWO SINGLE BEDS TRAVEL INSURANCE **SELECT OPTION** Travel insurance is strongly recommended by GDS Travel Solutions to protect clients from certain situations that could cause this trip to be I DECLINE TRAVEL INSURANCE $\bigcap$ cancelled, supplier bankruptcy/default, interrupted, and/or delayed I ACCEPT TRAVEL INSURANCE AND HAVE resulting in a loss of time and money for incurred expenses due to INCLUDED IT WITH MY DEPOSIT -baggage loss, medical expenses, and even emergency air transportation \$95 PER PERSON **Total Trip Price Due** Cruise + Insurance (if accepted) + CHEERS! (if added) **TOTAL AMOUNT BEING PAID TODAY** Cruise Deposit + Insurance (if accepted) + CHEERS! Deposit (If added) METHOD OF PAYMENT (CIRCLE ONE) CHECK | MONEY ORDER | CASHIERS CHECK | CREDIT CARD | CASH APP/GOOGLE PAY | E-INVOICE Please make all checks/money orders payable to: GDS Travel Solutions | 29155 Northwestern Hwy #689 | Southfield, MI 48034 Return Check Policy: All returned checks will receive a \$30 NSF fee and a \$10 late fee. If NSF amount and outstanding payment is not received within three (3) days of acknowledgement, booking will be canceled without notice. These fees and the cancellation fees in effect at the time of the cancellation resulting from the returned check will be deducted from any monies to be returned. If one payment is returned further payments will be made by credit card or money order ONLY and NO further checks will be accepted. INITIAL **CREDIT CARD AUTHORIZATION** VISA | MASTERCARD | DISCOVER | AMERICAN EXPRESS Name As it appears on Card (ONLY PRINT): Trustwave Credit Card Number: 3 or 4 Digit (AMEX) Billing Zip: **Expiration Date:** Security Code: Total Amount Being Charged: \$ Credit Card Authorization: By signing this form, I certify that I am the cardholder or an authorized user of the card. I also agree to pay above total as outlined in my card issuer agreement and do not hold GDS Travel Solutions liable for any errors or omissions that are outside of the agency's control. I am also aware that a 4% payment convenience fee will be added to the amount of the transaction. The fee is non-refundable. GDS Travel Solutions takes privacy extremely seriously and does what is necessary to follow all government regulations and guidelines as it pertains to securing your information.

Signature & Date

**Printed Name**