

# Friends & Family Cruise 2021 ~ Group 2 ~ Sign up Form

>> Passport book required at time of sailing <<

PLEASE PRINT CLEARLY: (must fill out all information including address, etc.)

MUST BE LEGAL NAME as your name must match to your passport book.

NOTE: If you are traveling alone: (if no roommate). Your rate will be much higher.

Your Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Are you (check one) \_\_\_ Deaf? \_\_\_ HOH? \_\_\_ Hearing?

Mailing Address: \_\_\_\_\_ Apt. # (if any) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone number: (check one) \_\_\_ Voice \_\_\_ VP (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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Do you have USA Passport? (circle one) No Yes (if Yes, please make a copy of passport and mail with this form)

Are you diabetic? (circle one) No Yes (if yes, do you use syringe (shot)? (circle one) No Yes

Have you cruised with Carnival Cruise Lines before? (circle one) No Yes

Do you know what is your VIFP Club #? \_\_\_\_\_

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Who will you share cabin with? Name \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is he / she your (check one) \_\_\_ Spouse? \_\_\_ Friend? \_\_\_ Boy / Girl Friend? Does he / she have USA passport? (circle one) No Yes

Is he / she (check one) \_\_\_ Deaf? \_\_\_ HOH? \_\_\_ Hearing?

Is he / she diabetic? (circle one) No Yes (if yes, does he / she use syringe (shot)? (circle one) No Yes

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Type of cabin: (circle one) Inside (\$749 (estimate) per person) Oceanview (\$809 (estimate) per person Balcony (\$969 (estimate) per person)

Do you need Accessible (wheelchair) Cabin? (circle one) No Yes Any Request? \_\_\_\_\_

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Type of Bed for Cabin: (check one) \_\_\_ One Bed (two twin beds together as Queen bed) \_\_\_ Two Twin Beds

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Emergency Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_

Relationship (mother/father/sister/brother/friend/daughter/son) \_\_\_\_\_

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Deposit Payment: >> PAYABLE TO MARIA MICHAELSON <<

The first deposit is \$100 (to hold space as guarantee) or \$250 (to reserve a cabin & get cabin #) per person ASAP – Accept personal check, bank’s check or money order for the first deposit only. (NOTE: all deposit will be deducted from the group cruise rate)

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Automatic Monthly Payment Plan: (after Carnival’s Group Rate has been posted by Carnival)

Check here \_\_\_ Yes, I want to sign up for automatic monthly payment with my Credit or Debit card toward Cruise Package only. (Need to call Maria Michaelson, Travel Concierge to give her your account number, date expiration and code and how much you want to pay monthly.) (Final Payment is by or before August 5, 2021)

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I understand that I will have to write a cancellation letter (it can be either mail or email) to Maria Michaelson, Travel Concierge. And I understand that there is a cancellation fee of \$75 plus processing fee per person with L’Attitudes Travel, whenever I cancel my whole trip (cruise, hotel & shuttle) any time. If you cancel hotel & shuttle, but still keep cruise reservation and it will be no fee.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

After complete this Sign up Form, checks for deposit & copy of your passport book

Mail to: Maria Michaelson, Travel Agent  
PO Box 49305  
Dayton, OH 45449-0305

