

ABOUT CRUISIN' & TOURIN'
1345 GARNER LANE, SUITE 304; COLUMBIA, S.C. 29210
(803)731-4894(PHONE) – (803)731-2015(FAX)

CLIENT INFORMATION FORM

****FOR 8 OR MORE NIGHT & SPECIALTY CRUISES****ONE PER PERSON****

******ALL!! LINES MUST BE COMPLETED IN ORDER TO GUARANTEE SPACE!!******

*****MUST MAKE & KEEP YOURSELF COPY OF THIS FORM PRIOR TO TURNING IN!!!!*****

(NAME SPELLING MUST BE IDENTICAL TO YOUR PASSPORT!!!!!!)

STREET ADDRESS	CITY	STATE	
<hr/>			
ZIP CODE	AREA/HOME PHONE	AREA/WORK PHONE	MALE OR FEMALE

GROUP LEADER: _____ **(OR HOW YOU LEARNED ABOUT THE TRIP)!!!**
DATE OF TRIP: _____ **COST OF TRIP:** _____ **NAME OF SHIP:** _____
PERSON ROOMING WITH: (1 ONLY) _____
INSIDE OR OCEANVIEW CABIN: _____ **(CATEGORY OR TYPE OF ROOM)**
DATE OF BIRTH (month /day / year): _____ **E-MAIL ADDRESS:** _____
DINING PREFERENCE: (EARLY) _____ **(LATE)** _____ **(WITH GROUP)** _____
CARNIVAL'S CANCELLATION INSURANCE: YES _____ **NO** _____ **(READ BACK OF BOOK).**
ALL PASSENGERS MUST BE 21 YEARS OF AGE OR TRAVELING IN PARENTS ROOM!!!!!!
CARNIVAL RESERVES RIGHT TO ADD FUEL SUPPLEMENT TO PASSENGERS COST!!!!!!

FIRST DEPOSIT NON-REFUNDABLE IF CANCELLED FOR ANY REASON!!!!!!!!!!!!
FIRST DEPOSIT NON-TRANSFERABLE AND OR CANNOT CHANGE NAME!!!!!!!!!!!!
IF CANCELLED BETWEEN DAYS BELOW!!! STATED PENALTIES APPLY!!!!!!!!!!!!
FINAL PAYMENT DATE ON FLYER TO 60 DAYS PRIOR TO SAILING (\$400.00)LOSS!!!!!!!!!!!!
59 DAYS TO 22 DAYS PRIOR (75%)LOSS* 21 DAYS OR LESS *** NO REFUNDS***!!!!!!!!!!!!**
WE STRONGLY RECOMMEND THE PURCHASE OF CANCELLATION INSURANCE!!!!!!!!!!!!
ALL REFUNDS WILL BE MAILED BACK TO CUSTOMER NO LATER THAN DATE OF CRUISE!!!!!!
ALL CANCELLATIONS MUST BE IN WRITING TO TRAVEL AGENCY BY FLYER DEADLINE!!!!!!
CANCELATION LETTERS MUST BE SENT RETURN RECEIPT IN ORDER TO HAVE PROOF SENT!!
IF PAYMENT DEADLINES MISSED ROOM WILL POSSIBLY BE LOST (WILL BE ON REQUEST!!!!!!)
NO CHANGES OF ANY KIND WILL BE ALLOWED AFTER FINAL PAYMENT DEADLINE!!!!!!!!!!!!

*****PAYMENTS CAN BE MADE ALONG THE WAY AND ARE HIGHLY RECOMMENDED*****
*****IF MAKING PAYMENTS KEEP TRACK OF IN ORDER TO HAVE YOUR BALANCE HANDY*****
*****REMEMBER YOU MUST!!!!!!!!!!!!!! HAVE YOUR PASSPORT TO BOARD THE SHIP!!!!!!!!!!!!!!**

IF USING CREDIT CARDS YOU MUST FIRST FILL OUT ALL THE INFORMATION BELOW!!!!!!!!!!!!
CANNOT CHARGE FIRST \$400.00 OF COST TO ANY CREDIT CARD - ONLY BALANCE DUE!!!!!!!!!!!!
CHARGES CAN ONLY BE FOR TRAVELING CARD HOLDER AND IMMEDIATE FAMILY !!
AMOUNT TO CHARGE MY CARD \$ _____ **CARD #** _____ **EXP:** _____

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT:
X _____
(SIGNATURE REQUIRED ON EVERY FORM!!!!!! OR CRUISE IS NOT CONFIRMED!!!!!!)