

CROWNE TRAVEL AND TOURS
9906 COLERAIN AVE.
CINCINNATI, OHIO 45251
513-931-8687 Fax: 513-931-0309
ATTN: LISA HOWELL

Steve Sommers
ATN Carnival Cruise
Sail on the Carnival Miracle
Sail Date: November 3, 2010

FIRST NAME MI LAST NAME BIRTH DATE

Passenger (1) _____

Passenger (2) _____

Address _____

Home Phone _____ Work/Cell _____

Emergency Contact while on cruise _____ Phone _____

EMAIL ADDRESS _____

Airline Frequent Flyer # _____ Carnival Past Guest # _____

CABIN Inside ___ Balcony ___ TYPE Single ___ Double ___

TRAVEL INSURANCE: Yes ___ NO ___ PREPAID GRATUITES: YES ___ NO ___

If sharing cabin with other than spouse, list roommate/roommates

DINING Main ___ Late ___ **DINING WITH:** _____

AIR CITY (closest major city for airline departure) _____

SPECIAL OCCASIONS: (personal) while on cruise, (example: wedding anniversary, birthday, etc.)

FORM OF PAYMENT:

Make checks payable to Crowne Travel Amount _____

If paying by CC : Type _____ Exp. Date _____

Card # _____ Signature _____

TRAVEL INSURANCE IS AVAILABLE AND STRONGLY RECOMMENDED

**ATN STEVE SOMMERS GROUP
Carnival Miracle – Sail Date 11/3/2010**

Make sure to put your full legal first and last name, no nicknames. If Jr. or Sr. will be on your passport, please indicate so on this form. The cruise lines require your date of birth at time of deposit. Please fill out the form in full.

Deposits must be received by mail, or dropped off to Crowne Travel by January 5, 2010 to guarantee your space.

If you are a past guest on Carnival and have a past guest number, please let us know. Please indicate on form if you have any special needs such as special diet, diabetic, handicap assistance, etc.

If you would like the \$80.00 prepaid gratuities added to your reservation, please indicate it on the form. Please indicate if you are taking the travel insurance.

Payment Schedule:

**1st deposit due January 5, 2010 @ \$300.00 per person
Final payment due no later than August 5, 2010.**

Payments must be received on time to guarantee your space. You may make additional payments prior to the payment schedule.

All rates are based on double occupancy. If you are sending in a booking form with your deposit, please indicate who your roommate is on the form. If you intend to travel without a roommate, please call the office and we will be glad to give you a rate for a single cabin.

All cruisers will need a passport to travel.

Rates are per person based on double occupancy. Rates include the cruise rate for cabin category selected, port charges and taxes. Carnival Cruise Lines reserves the right to impose a fuel supplement on all guests, if the price of West Texas International fuel exceeds \$70.00 per barrel. The fuel supplement for the 1st and 2nd guest would be no more than \$10 per guest per day, to a maximum of \$160 per cruise; and for additional guests, would be no more than \$5 per person per day, to a maximum of \$80 per cruise.

Please call the office with any questions that you have concerning your reservation.

**Lisa L. Howell
Crowne Travel and Tours**