

CRUISING GROUP: _____

TRIP ITENIRARY: _____

GROUP BOOKING # C8JX12 **DATE TO BOOK:** _____

What dates would you like to go cruising? JUN 8-14, 2025

Where would you like to cruise to? _____

Where would you like to port from? _____

What is the occasion for the cruise? _____

Have you ever cruised before? _____

GUEST 1: _____ VIFP #: _____ Birthdate: _____

GUEST 2: _____ VIFP #: _____ Birthdate: _____

GUEST 3: _____ VIFP #: _____ Birthdate: _____

GUEST 4: _____ VIFP #: _____ Birthdate: _____

MAX OCCUPANCY UPTO 5 PERSONS PER CABIN / MINIMUM PAY OCCUPANCY 2 PERSONS PER CABIN *(one person can book a 2-person cabin bur cost is based always on 2 persons)*

If you **DO NOT** have a VIFP #, please visit www.carnival.com or the Phone APP Carnival Hub To sign-up for a VIFP #.



Do you need a pre or post night hotel? _____

Will you need a flight to be included? _____ Will you need transportation? _____

If yes, what airport would you depart from? _____

Are there any special circumstances? _____ Wheelchair? _____

What is your cabin Preference: Ship Deck Level: _____ Cabin Location: _____

Are your passports up to date? _____ When does your passport expire? _____

Contact Phone: _____ Contact Email: _____

Best time of day to contact: _____

Do you want to add Travel Insurance? _____

Follow up appointment date: _____