CRUISE RESERVATION FORM

*INFORMATION REQUIRED FOR BOOKING FOR CARROUSEL TRAVEL

*AGENT NAME: _____ DATE: _____

*PASSENGER NAME	DOB	FREQ. FLYER NO.

*BILLING ADDRESS: _____

_____

*CITY: _____ *STATE: _____ *ZIP CODE: _____

HM PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

☐ CRUISE AIR ☐ CLIENT AIR ☐ SHIP TRANSFERS

AIRLINE RECORD LOCATOR: _____

AIRLINE	FLT #	DATE	FROM	TO	DPT TIME	ARR TIME	SEATS

*CRUISE LINE: _____ SHIP: _____

*BOOKING #: _____

*DEPART DATE: _____ *RETURN DATE: _____

INSURANCE: ◯ ACCEPTED ◯ DECLINED DATE: _____

INS. VENDOR: _____

*DEPOSIT AMT: _____ DATE: _____

*FINAL PAYMENT AMT: _____ DATE: _____

FORM OF PMT: ◯ CREDIT CARD ◯ CHECK ◯ OTHER: _____

CREDIT CARD: ◯ AMEX ◯ VISA ◯ MASTERCARD ◯ OTHER

CARD #: _____ EXP. DATE: _____ CVV: _____

*TOTAL SALE: _____

*COMMISSION: _____

CABIN CATEGORY:
☐ INSIDE CABIN ☐ OUTSIDE CABIN ☐ VERANDA ☐ SUITE

DECK/CABIN NO.: _____ ☐ GUARANTEE

DINING OPTIONS:
☐ EARLY ☐ LATE ☐ OPEN ☐ SMALL TABLE

GIFT: _____

PRE HOTEL		POST HOTEL	
ROOM TYPE		ROOM TYPE	
RATE		RATE	
ARR DATE		ARR DATE	
DPT DATE		DPT DATE	