



Cruise Reservation Form:

Passenger Information: (Please Print Legibly.)

Title: _____ First Name: _____ Last Name: _____
 M.I.: _____
 Mailing Address: _____ (No P. O. Boxes)
 City/State/Zip: _____
 Phone: _____ Cell: _____ Best Time to Contact? A / P
 Email Address: _____
 Date of Birth? Month/Day/Year: _____ Past Guest? Number? _____
 U.S. Citizen? Yes / No If no, Country of Citizenship? _____

Additional Passenger:

Title: _____ First Name: _____ Last Name: _____ M.I.: _____
 Mailing Address: _____ (No P. O. Boxes)
 City/State/Zip: _____
 Phone: _____ Cell: _____ Best Time to Contact? A / P
 Email address: _____
 Date of Birth? Month/Day/Year: _____ Past Guest? _____
 U.S. Citizen? Yes / No If no, Country of Citizenship? _____

Destination Information:

Cruise Line: Carnival Sailing Date: August 11-16, 2013 Ship: Breeze Port: Miami
 Itinerary: Sea Day, Grand Turk, Ocho Rios-Jamaica, Nassau

Special Requests: _____

Cabin/Transportation Information:

Cabin Category Requested: Inside Cabin \$ 1089.00 - Ocean/view Request only \$ Balcony \$1409.00 (circle one)
 all rates are per person based on double occupancy
 Dining Preference? - Early Seating (5 or 6pm) - Late Seating (7 or 8pm) - Your Time Seating (circle one)
 Passenger Type*: Single Double Triple Quad *Single Passenger (fare increased 200%) (circle one) (All passengers must have a registration form on file)
 Bedding Setup: 2 Beds / 1 King (circle one)

Would you like to include Air Transportation: Yes / No

If **yes**, What City will you be departing from: _____
 If **no**, you agree that you will provide your own transportation to and from the cruise port.
 Sign Here to acknowledge: _____

Travel Protection Insurance Accepted? Yes / No (circle one) Are you pre-paying the Gratuities? Yes / No (circle one)

Do you have any special needs? Please describe below:

(i.e., Medical, Dietary, Limited Mobility, Allergic Reactions, Cabin Assignment Requests, Comments)

Emergency Contact Information: (You must provide a contact person not traveling with you in case of emergency)

www.luv2cruise.org

Thank you for your business!

Name: _____ Phone: _____

Address: _____



Please **FAX** completed documents to: **866.805.8814**
or **MAIL** to **6539 Woodthrus Way**
Stone Mountain, GA 30087

You can also Paypay me at – **cypointer@yahoo.com**

Document Check List

Please Fax (or mail):

- Reservation Form
- Disclaimer Acknowledgement Form
- Credit Card Authorization Form
- Travel Insurance Protection Form

No reservation will be processed without all forms received.

For Your Information:

PAYMENT METHODS:

Preferred methods of payment: Visa, MasterCard, AMEX, Discover
Cashiers checks or money orders accepted.

CANCELLATION POLICY:

Check your documents for supplier policies on cancellations and refunds.

Cancellations and changes subject to fees and sometimes no refund at all.

First deposit made on trip is cash/check and non-refundable.

Be sure to ask your travel agent.

**ALL PASSENGERS ARE
RECOMMENDED
TO TRAVEL WITH
PASSPORTS!**

Upon receipt of your completed registration form, Luv2Cruise Travel will contact you via phone or email to confirm your reservation. No incomplete registration forms will be processed. If you have ANY questions please do not hesitate to call or email me.

SISTERLOCKS CRUISE GIVE-AWAY

I Wish To Participate In The Sisterlocks "Cruise Give-Away"	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My Cruise "Give-Away Sponsor is" (print first and last name)		

www.luv2cruise.org

Thank you for your business!



YOUR AGREEMENT WITH LUV 2 CRUISE TRAVEL

Before we make arrangements for your flight, hotel, car rental, tour, cruise, or other trip, we require that you sign this form; your signature will signify your agreement with the following terms and conditions:

Luv 2 Cruise Travel acts as a sales agent for any airline, hotel, car-rental company, tour operator, cruise line, or other service provider named in your itinerary ("Suppliers"). Luv 2 Cruise Travel is not responsible for acts or omissions of the Suppliers or their failure to provide services or adhere to their own schedules.

Luv 2 Cruise Travel assumes no responsibility for and shall not be liable for any refund, personal injury, property damage, or other loss, accident, delay, inconvenience, or irregularity which may be caused by: (1) any defaults, wrongful or negligent acts, or omissions of the Suppliers; (2) any defect in or failure of any vehicle, craft, equipment, or instrumentality owned, operated, or otherwise used or provided by the Suppliers; or (3) any wrongful or negligent acts or omissions on the part of any other party not under Luv 2 Cruise Travel's control. You hereby release Luv 2 Cruise Travel from all claims arising out of any problem covered in this paragraph.

You acknowledge and understand that cruise lines, tour operators, and other Suppliers have their own contracts covering cancellation penalties and other terms and conditions, and that you may be bound by those contracts regardless of whether you receive notice of their terms.

Luv 2 Cruise Travel has no special knowledge regarding the financial condition of the Suppliers, unsafe conditions, health hazards, weather hazards, or climate extremes at locations to which you may travel. For information concerning possible dangers at destinations, Luv 2 Cruise Travel recommends contacting the Travel Warnings Section of the U.S. State Department at (202) 647-5225 or www.travel.state.gov. For medical information, Luv 2 Cruise Travel recommends contacting the Centers for Disease Control at (877) FYI-TRIP or www.cdc.gov/travel. You assume full and complete responsibility for checking and verifying any and all passport, visa, vaccination, or other entry requirements of your destination(s), and all conditions regarding health, safety, security, political stability, and labor or civil unrest at such destination(s). You hereby release Luv 2 Cruise Travel from all claims arising out of any problem covered in this paragraph. You agree that the courts in Dekalb County will be the exclusive jurisdiction for all claims brought by you or Luv 2 Cruise Travel, and you hereby submit to the personal jurisdiction of those courts.

For your protection, we strongly recommend that you purchase trip travel insurance. We also strongly recommend that you use a credit card for your purchase, so that you can exercise your rights under the Fair Credit Billing Act if you do not receive the services you purchased.

EVERY FAMILY OR PARTY MEMBER OVER 18 MUST SIGN.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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Thank you for your business!

ARE YOU PROTECTED?

Dear Fellow Traveler:

Wise travelers recognize the important need to protect their trip investment, health and personal belongings. The following information will show you just how Travel Protection packages can help prevent almost any potential loss:

TRIP CANCELLATION / INTERRUPTION REIMBURSES YOUR:

1. NON-REFUNDABLE PAYMENTS OR DEPOSITTS UP TO THE AMOUNT OF COVERAGE SELECTED, FOR EXAMPLE:

- Cancellation penalties (which can be up to 100%) due to an injury, illness or death of you, a traveling companion or family member (See Pre-existing Conditions in brochure)
- Bankruptcy or default of an airline, cruise line or tour operator.
- The unused portion of your trip if your trip is interrupted.

2. EMERGENCY MEDICAL EXPENSE COVERAGE PAYS UP TO THE AMOUNT SELECTED FOR:

- On-the-spot hospital deposits and payments required by hospitals for your admittance.
- Personal health insurance deductibles and co-payments.
- Costly medical transportation which can save you thousands of dollars. (Important: Many health insurance companies provide limited coverage overseas and Medicare provides no coverage outside the U.S.).

2. MANY TOUR OPERATORS AND CRUISE LINE INSURANCE PROGRAMS DO NOT PROVIDE THE FOLLOWING COVERAGE:

- Bankruptcy or default protection.
- The ability to cancel your trip (for covered reasons) up to the time of departure.
- Trip interruption coverage once you have departed.
- Medical coverage.
- 24-Hour Hotline assistance for travel and medical emergencies.

PLEASE REVIEW SELECTED POLICIES CAREFULLY!!

PLEASE FILL OUT AND RETURN FORM TO LUV 2 CRUISE TRAVEL WITH YOUR REGISTRATION FORM. 866.805.8814

INSURANCE ACCEPTANCE / DECLINATION FORM

Please complete and return this form to our office. This form will indicate whether you have purchased Travel Insurance or that you have declined the travel insurance that is being offered. We will not be able to release your documents until this form is received.

LUV 2 CRUISE TRAVEL 866.805.8814 – FAX

Select
Yes or
No

YES. I HAVE PURCHASED TRAVEL INSURANCE FROM: _____

NO. I AM NOT INTERESTED IN TRAVEL INSURANCE & PROTECTION AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED, BUT CHOSE TO DECLINE THIS COVERAGE.

PRINT NAME: _____ DEPARTURE DATE: ____/____/____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

BOOKING#: _____ AGENT: _____ TOUR CRUISE

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Thank you for your business!