

travelshoppe1016@aol.com

**ALL NAMES NEED TO BE EXACTLY THE SAME AS ON PROOF OF CITIZENSHIP**

GROUP: 2008 VINEYARD REGIONAL PASTOR & LEADER CONF. TRAVEL DATE: JUNE 9<sup>TH</sup>-14<sup>TH</sup>, 2008 SHIP: CARNIVAL ECSTASY

NAME: BIRTH DATE:

CHURCH:

(HOME) ADDRESS: CITY: STATE:

ZIPCODE: PHONE: ( ) CELL PHONE: ( )

EMAIL ADDRESS PAST PASSENGER OF CARNIVAL? YES NO

ADDITIONAL PASSENGERS IN CABIN:

NAME: BIRTH DATE:

NAME: BIRTH DATE:

NAME: BIRTH DATE:

NAME: BIRTH DATE:

*NOTE: FIFTH PERSON IN CABIN REQUIRES A ROLLAWAY BED*

ALL RATES ARE PER PERSON

	1 <sup>ST</sup> AND 2 <sup>ND</sup> PERSON IN CABIN	3 <sup>RD</sup> , 4 <sup>TH</sup> , AND 5 <sup>TH</sup> PERSON IN CABIN
INSIDE	\$629.00	\$529.00
OCEANVIEW	\$699.00	\$549.00
CAT 11 SUITE	\$1179.00	\$599.00
CAT 12 SUITE	\$1379.00	\$599.00

PRE PAID GRATUITIES ARE \$50.00 PER PERSON

***EACH CABIN WILL RECEIVE \$100.00 ONBOARD CREDIT!***

CABIN CHOICE: (circle one) INSIDE OCEANVIEW CAT 11 SUITE CAT 12 SUITE

1<sup>st</sup> / 2<sup>nd</sup> rate: \$ X 2 = \$

3<sup>rd</sup>/4<sup>th</sup>/5<sup>th</sup> rate: \$ X = \$

Gratuities: \$50.00 X = \$

TOTAL FOR CABIN: \$

**CREDIT CARD INFORMATION**

NAME ON CARD:

CARD NUMBER: EX DATE:

BILLING ADDRESS:

CITY: STATE:

SIGNATURE: