

# Katinas and Friends Cruise 2010 Cruise Reservation Form

Carnival's Splendor Long Beach, CA

Sailing: January 17-24, 2010

All passengers are required to have a valid passport, and a Government Issue photo ID such as a valid driver's license.

Remember to print first and last names as they appear on your passport.

D.O.B	M/F	First	Last	Nick Name to use For Name Tag
_____				
Address _____ (No PO Box)				
City _____		State _____	Zip _____	Citizenship _____
Home Phone # _____		WK # _____		
Cell # _____		Email: _____		
Name of Emergency contact _____			Phone # _____	

List the names of passengers in your cabin. (each person below needs their own form)

Psngr 1: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Psngr 2: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Psngr 3: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Psngr 4: \_\_\_\_\_ D.O.B. \_\_\_\_\_

## Cabin Information

Cabin: (circle) (4B) Inside/no window (6B) Outside / with window or Balcony Suite Number of Passengers in cabin: 1 2 3 4

Special needs / Diet: \_\_\_\_\_

## Travel Protection Insurance

Please Initial

Insurance prices per person - 4B- \$59.00 6B- 79.00 Balcony -89.00 Suite -119.00 and is nonrefundable once purchased.

\_\_\_\_\_ [ ] No I do not want to purchase insurance  
\_\_\_\_\_ [ ] Yes I do want to purchase insurance.

\*PRE-EXISTING CONDITION(S): This clause is applicable to Trip Cancellations, Interruption, Emergency Medical & Dental and Emergency Medical Transportation. This policy excludes coverage for those conditions that manifested themselves, became acute, for which you are being treated or for which you received medical advice/ treatment in the 60 days before the purchase of this benefit. **This is cruise only coverage with Carnival filed through Berkley Care Insurance. It does not cover Katinas & Friends Cruise program cost or cancellation policy or penalties.**

## Payment Information

All Major Credit Cards Accepted - Make Checks or Money Orders payable to: **THE KATINAS MINISTRIES**

Credit Card to be charged automatically on the following monthly payment schedule \_\_\_\_\_ Please Initial

Travel cost and tips are not included.

(1<sup>st</sup>) Deposit: \$250.00 per person at sign-up

(2<sup>nd</sup>) payment: \$100.00 due 06/01/09 (3<sup>rd</sup>) payment: \$100.00 due 07-01-09 (4th) payment: \$100.00 due 08-01-09

Final remaining balance payment: Due 09/30/09

Insurance \$ \_\_\_\_\_

Amount to be charged at this time \$ \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp Date. \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Vcode# \_\_\_\_\_

Cardholder's  
Billing Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Cancellation Policy: no refund on deposit after 06/01/09 Cancellation Penalties \$450.00 per person after 09/30/09 Full fare: No Refund from 12/01/09

Travel cost and tip are not included.

Fax or mail completed form to:

The Katinas Cruise, Attn.: Tony Bolton, P.O. Box 681629, Franklin, TN 37068-1629 (615) 591-8845

Email: [tkandco@aol.com](mailto:tkandco@aol.com) Website: [www.thekatinas.com](http://www.thekatinas.com)