

2009 Cruise Reservation Form

Carnival's Elation Port San Diego, CA

Sailing: January 19-24, 2009

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 names as they appear on your **passport**.

D.O.B	M/F	First	Last	Nick Name to use For Name Tag

Ticket Delivery 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) 6A Outside(with window) or 4A Inside --no window Number of Passengers in cabin: 1 2 3 4
Special needs / Diet: _____ Departure City: _____

Travel Protection Insurance

Please Initial

Insurance price of \$59.00 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

(1st) Deposit: \$250.00 per person at sign-up
(2nd) payment: \$100.00 due 06/01/08 (3rd) payment: \$100.00 due 07-01-08 (4th) payment: \$100.00 due 08-01-08 Final
Final balance payment: Due 09/30/08

Insurance \$59.00 _____
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 06/01/08 Cancellation Penalties \$350.00 per person after 09/30/08 Full fare: No Refund from 12/01/08

Fax or mail completed form to:
The Katinas Cruise, Attn.: Tony Bolton, P.O. Box 681629, Franklin, TN 37068-1629 (615) 591-8845
Fax: (615)591-8865 Email: tkandco@aol.com Website: www.thekatinas.com