

Cruise Booking Questionnaire

Questions? Call (804) 744-0100 or email TravelQuestions@alcjr.com

Mail form to: ALCJR Enterprises, LLC, P.O. Box 4067, Midlothian, VA 23112. **Fax form to:** (804) 744-8961

"The Way of Life Spiritual Development Center" Cruise: October 5, 2008

Note! PASSPORTS ARE REQUIRED.

Contact Information: All names must match the names listed on passport and/or visa. Note! Staterooms are based on double occupancy. All guest staying in the room must booked at the same time. Very Important! If any guest staying in the same stateroom defaults or miss the required deposit and/or final payment date, the cruise line will cancel your reservation and all guests will have to re-book (assuming rooms are still available at the same rate). Therefore it is important that all guests staying in the same stateroom communicate with one another.

(Optional) Referred By (Business Name/Promotion Code): _____

Primary Contact (Guest #1): _____ Birthday (mm/dd/yyyy): _____

Street Address: _____ City: _____ State: _____

Zip: _____ Email: _____ Phone (Area Code): _____

Phone: _____ Extension: _____ Fax: (Area Code): _____ Fax Number: _____

Emergency Contact Name (Friend or Relative): _____

Emergency Contact Phone (Include Area Code): _____

Do you and all traveling companions have a passport? Yes___ No___.

Your passport #: _____ Issue Date: _____ Expiration Date: _____ State Issued: _____

If required for this trip, do you and all traveling companions have a visa? Yes___ No___.

Do you prefer early (between 5:30-6:00 pm) or late (between 8:00-8:30 pm) dinner seating: Early___ Late___.

Do you want to purchase the optional travel insurance? Yes___ No___. Please note that if one guest choose to purchase the travel insurance, then all guest staying in the same stateroom must also purchase the insurance.

Cruise Ship Room Type Desired:

Choose Stateroom Type: Oceanview w/Balcony (8A)___ Oceanview (6B)___ Interior Stateroom (4B)___

Check here if you need a room that will accommodate Triples: 3-to-a-room___

Payment Information: Card type: Amex___ VISA___ MasterCard___

Pay By Cashier Check or Money Order___ **Make Cashier Check or Money Order payable to**

Carnival Cruise Lines and mail to: **ALCJR Enterprises, LLC, P.O. Box 4067, Midlothian, VA 23112.**

Name on Card: _____ Card #: _____

CVC #: _____ Expiration date (mm/yyyy): _____ Paying in full? Yes___ No___

Amount Paying: \$_____ **Initial this line** _____ **to authorize** ALCJR Enterprises, LLC to submit your Credit Card information or Check to the Cruise Line for payment.

Guest #2 (Staying in the same stateroom): _____

Birthday (mm/dd/yyyy): _____ Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone (Area Code): _____ Phone: _____ Extension: _____ Fax Number: _____

Emergency Contact Name (Friend or Relative): _____

Emergency Contact Phone (Include Area Code): _____

Your passport #: _____ Issue Date: _____ Expiration Date: _____ State Issued: _____

Payment Information: Card type: Amex___ VISA___ MasterCard___

Pay By Cashier Check or Money Order___ **Make Cashier Check or Money Order payable to**

Carnival Cruise Lines and mail to: **ALCJR Enterprises, LLC, P.O. Box 4067, Midlothian, VA 23112.**

Name on Card: _____ Card #: _____

CVC #: _____ Expiration date (mm/yyyy): _____ Paying in full? Yes___ No___

Amount Paying: \$_____ **Initial this line** _____ **to authorize** ALCJR Enterprises, LLC to submit your Credit Card information or Check to the Cruise Line for payment.

(Optional) **Guest #3 (Staying in the same stateroom:** _____
Birthday (mm/dd/yyyy): _____ Street Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Phone (Area Code): _____ Phone: _____ Extension: _____ Fax Number: _____
Emergency Contact Name (Friend or Relative): _____
Emergency Contact Phone (Include Area Code): _____
Your passport #: _____ Issue Date: _____ Expiration Date: _____ State Issued: _____

Payment Information: Card type: Amex _____ VISA _____ MasterCard _____
Pay By Cashier Check or Money Order _____ **Make Cashier Check or Money Order payable to
Carnival Cruise Lines** and mail to: **ALCJR Enterprises, LLC, P.O. Box 4067, Midlothian, VA 23112.**
Name on Card: _____ Card #: _____
CVC #: _____ Expiration date (mm/yyyy): _____ Paying in full? Yes _____ No _____
Amount Paying: \$ _____ **Initial this line _____ to authorize** ALCJR Enterprises, LLC to submit
your Credit Card information or Check to the Cruise Line for payment.

(Optional) **Guest #4 (Staying in the same stateroom:** _____
Birthday (mm/dd/yyyy): _____ Street Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Phone (Area Code): _____ Phone: _____ Extension: _____ Fax Number: _____
Emergency Contact Name (Friend or Relative): _____
Emergency Contact Phone (Include Area Code): _____
Your passport #: _____ Issue Date: _____ Expiration Date: _____ State Issued: _____

Payment Information: Card type: Amex _____ VISA _____ MasterCard _____
Pay By Cashier Check or Money Order _____ **Make Cashier Check or Money Order payable to
Carnival Cruise Lines** and mail to: **ALCJR Enterprises, LLC, P.O. Box 4067, Midlothian, VA 23112.**
Name on Card: _____ Card #: _____
CVC #: _____ Expiration date (mm/yyyy): _____ Paying in full? Yes _____ No _____
Amount Paying: \$ _____ **Initial this line _____ to authorize** ALCJR Enterprises, LLC to submit
your Credit Card information or Check to the Cruise Line for payment.

Travel Information

Are Flights Needed? Yes _____ No _____, I will arrange my own transportation to and from the cruise terminal.
If yes, from which airport: _____ Alternate airport: _____
Flight Seating Desired (we will try to accommodate your request): Aisle _____ Window _____ Center _____
Additional comments or information you feel we need to know (i.e. Special medical/dietary needs of guests):

Will Ground Transportation Be Needed To/From Point of Departure (Airport/Cruise Ship)? Yes _____ No _____
Preferred Ground Transportation: Rental Car Type Desired: Compact _____ Mid-Size _____ Luxury _____
Frequent Flyer, Car Rental or Hotel Vendor Programs Names and Numbers:

We will always try to use the services of the vendor programs in which you participate.

Carnival's Cancellation and Refund Policy

Up to 76 days prior to departure date: No Charge (Full Refund). **75 - 30 days prior to departure date:** Full
Deposit Penalty. **29 - 8 days prior to departure date:** 50% of Total Fare Penalty. **7 days or less prior to
departure date:** 100% of Total Fare Penalty. Total Fare is defined as Cruise Fare, Air Fare Supplement,
Transfer Services and Pre-/Post-Cruise Vacation Packages. Name changes or additions will be allowed at
Carnival's discretion and are subject to cancellation charges and rate increases. Reservations will be held until
30 minutes prior to departure without risk of automatic cancellation. No refunds will be made in the event of
"no shows" or interruption or cancellation by the guest after the start of the cruise.

Cancellation/Refund Policy Acceptance: By initialing this box _____ you acknowledge that you have read
and agree to the cancellation and refund policy listed above.

Please Note! Personal Checks and Cash Are Not Accepted (Must Be Cashier Check or Money Order).