

**Cruise Booking Questionnaire**

Questions? Call 804-677-4557, or email [arthur@alcjr.com](mailto:arthur@alcjr.com)

Mail form to: ALCJR Enterprises, P.O. Box 4067, Midlothian, VA 23112. Fax form to: 804-744-0100

**“The Catena L. Parker Foundation for Missing Children” Cruise: October 3, 2010**

Note! PASSPORTS ARE NOT REQUIRED BUT HIGHLY RECOMMENDED

**In lieu of passport, a government-issued photo identification AND an original or copy of birth certificate is needed.**

**Contact Information:** Guest name must match the name listed on his/her Passport or other identification. **Note!**

Staterooms are based on double occupancy. All guests staying in the room must book at the same time. **Important!** If any guest staying in the same stateroom defaults or misses the required deposit and/or final payment dates, the cruise line will cancel your reservation and all guests will have to re-book (assuming that staterooms are still available at the same rate).

Therefore it is important that all guests staying in the same stateroom communicate with each.

**(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 /Relative): \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you and all traveling companions have a passport?** Yes\_\_\_ No\_\_\_ Have Applied: \_\_\_\_\_

Your Passport #: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Where Issued: \_\_\_\_\_

If required for this trip, do you and all traveling companions have a Visa? Yes\_\_\_ No\_\_\_ Have Applied \_\_\_\_\_

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 guests staying in the same stateroom must also purchase the insurance.

**Cruise Ship Stateroom Type Desired: Oceanview w/Balcony (8C)\_\_\_ Interior (4D)\_\_\_ Interior (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’s/Teller’s Check or Money Order\_\_\_ **Make Cashier’s Check or Money Order Payable to**

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

Name on Card: \_\_\_\_\_ Card#: \_\_\_\_\_

CVC #: \_\_\_\_\_ Expiration Date (mm/yyyy): \_\_\_\_\_ Amount Paying: \$\_\_\_\_\_

**Initial here \_\_\_\_\_ to authorize** ALCJR Enterprises to submit your credit card information, or other form of payment 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 /Relative): \_\_\_\_\_ Phone: \_\_\_\_\_

Your Passport #: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Where Issued: \_\_\_\_\_

Country Where Issued: \_\_\_\_\_ **Payment Information:** Card Type: Amex\_\_\_ VISA\_\_\_ MasterCard\_\_\_\_\_

Pay by Cashier’s/Teller’s Check or Money Order\_\_\_ **Make Cashier’s Check or Money Order Payable to**

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Name on Card: \_\_\_\_\_ Card#: \_\_\_\_\_

CVC #: \_\_\_\_\_ Expiration Date (mm/yyyy): \_\_\_\_\_ Amount Paying: \$\_\_\_\_\_

**Initial here \_\_\_\_\_ to authorize** ALCJR Enterprises to submit your credit card information or other form of payment to the Cruise Line.

**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 /Relative): \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Passport #: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Where Issued: \_\_\_\_\_  
Country Where Issued: \_\_\_\_\_ **Payment Information:** Card Type: Amex\_\_\_\_ VISA\_\_\_\_ MasterCard\_\_\_\_  
Pay by Cashier's/Teller's Check or Money Order\_\_\_ **Make Cashier's Check or Money Order Payable to  
Carnival Cruise Lines.** Mail to: **ALCJR Enterprises, P.O. Box 4067, Midlothian, VA 23112**  
Name on Card: \_\_\_\_\_ Card#: \_\_\_\_\_  
CVC #: \_\_\_\_\_ Expiration Date (mm/yyyy): \_\_\_\_\_ Amount Paying: \$ \_\_\_\_\_  
**Initial here \_\_\_ to authorize** ALCJR Enterprises to submit your credit card information or other form of  
payment to the Cruise Line.

**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 /Relative): \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Passport #: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Where Issued: \_\_\_\_\_  
Country Where Issued: \_\_\_\_\_ **Payment Information:** Card Type: Amex\_\_\_\_ VISA\_\_\_\_ MasterCard\_\_\_\_  
Pay by Cashier's/Teller's Check or Money Order\_\_\_ **Make Cashier's Check or Money Order Payable to  
Carnival Cruise Lines.** Mail to: **ALCJR Enterprises, P.O. Box 4067, Midlothian, VA 23112**  
Name on Card: \_\_\_\_\_ Card#: \_\_\_\_\_  
CVC #: \_\_\_\_\_ Expiration Date (mm/yyyy): \_\_\_\_\_ Amount Paying: \$ \_\_\_\_\_  
**Initial here \_\_\_ to authorize** ALCJR Enterprises to submit your credit card information or other form of  
payment to the Cruise Line.

**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 needs)  
\_\_\_\_\_  
\_\_\_\_\_

Will ground transfers be needed to/from airport to cruise pier? Yes\_\_\_ No\_\_\_  
Will overnight accommodation be needed? Yes\_\_\_ No\_\_\_ If so, when? Day prior to cruise\_\_\_ Day after cruise\_\_\_

**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. **All guests must be checked in at least one hour prior to departure.** Reservations  
will be held until 60 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 here \_\_\_\_\_ you acknowledge that you and other  
guests staying in your stateroom have read and agree to the cancellation and refund policy listed above.

**Acceptable forms of payment are Credit Card, Cashier's/Teller's Check,  
Personal Check or Money Order**