

Cruise Booking Questionnaire Questions? Call 804-677-4557, or email alcjr@verizon.net (Page 1 of 2)

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

“ALCJR Enterprises” Caribbean Cruise: November 3, 2012

Note! PASSPORTS ARE NOT REQUIRED BUT HIGHLY RECOMMENDED

**In lieu of passport, a government-issued photo identification AND
an original or certified 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 in that stateroom 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.

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

Have you cruised with Carnival before? When (Month & Year): _____ Ship Name: _____

Street Address: _____ City: _____ State: _____

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

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

Emergency Contact Name (Friend /Relative): _____ Phone: _____

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 want to purchase the **optional** travel insurance? Yes___ No___.

Cruise Ship Stateroom Type Desired: Balcony ___ Oceanview ___ Interior ___

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): _____

Have you cruised with Carnival before? When (Month & Year): _____ Ship Name: _____

Do you want to purchase the **optional** travel insurance? Yes___ No___.

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 #3 (Staying in the same stateroom): _____

Have you cruised with Carnival before? When (Month & Year): _____ Ship Name: _____

Do you want to purchase the **optional** travel insurance? Yes___ No___.

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): _____

Have you cruised with Carnival before? When (Month & Year): _____ Ship Name: _____

Do you want to purchase the **optional** travel insurance? Yes___ No___.

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.

Are flights needed? Yes___ No___, I will arrange my own transportation to and from the cruise terminal.

If yes, from which airport: _____ Alternate airport: _____

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___

FUEL SUPPLEMENT: "Carnival reserves the right to re-instate the fuel supplement for all guests at up to \$9 per person per day if the NYMEX oil price exceeds \$70 per barrel."

"Rates are per person, based on double occupancy and subject to availability. Government fees/taxes (\$25 to \$171) are additional per guest. Restrictions apply."

Carnival's Cancellation and Refund Policy: 241 days or more prior to sailing date: **None (except for Early Saver Fares which are non refundable)**, 240 - 181 days prior to sailing date: **\$100 per cabin**, 180 - 121 days prior to sailing date: **\$150 per cabin**, 120 - 61 days prior to sailing date: **Full Deposit**, 60 – 30 days prior to sailing date: **Deposit or 50% of Total Fare (whichever is greater)**. 29 days or less prior to sailing: **100% of Total Fare**. **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 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 here _____ you acknowledge that you and other guests staying in your stateroom have read and agree to the fuel supplement, cancellation and refund policy listed above.

Acceptable forms of payment are Credit Card, Cashier's/Teller's Check or Money Order (No Personal Checks Accepted)