

# GROUP CRUISE REGISTRATION FORM

<b>GROUP NAME</b>	Al's Fit & Gourmet	<b><u>CANCELLATION PENALTIES</u></b>  69- 30 days prior to sailing - deposit amount  29 - 8 days prior to sailing - 50% of Total Fare  7 days or less - 100% of Total Fare
<b>LINE/GRP #</b>	RCI/ 1243249 - 5223324 5384044 - 4586361	
<b>SHIP/NIGHTS</b>	Oasis /7 Nights	
<b>SAILING DATE</b>	March 6, 2010	

**PASSENGERS MUST HAVE PROPER TRAVEL DOCUMENTS**  
**U.S. CITIZENS MUST HAVE A VALID PASSPORT**  
 NON-U.S. CITIZENS and RESIDENT ALIENS should contact their respective embassies and U.S. Immigration for applicable regulations

**GROUPS THAT SAIL WITH LESS THAN 8 CABINS SOLD MAY BE CANCELLED!**  
 IF YOUR GROUP FALLS BELOW THE MINIMUM NUMBER OF CABINS REQUIRED, IT MAY BE CANCELLED BY THE CRUISE LINE AND THE RE-BOOKING OF THOSE CABINS WILL BE BASED UPON THE CURRENT RATES AND AVAILABILITIES!

Cabin Category: (Inside Cabin) M \_\_\_ (OV) H\_\_\_ (OV Balcony)D4,D5,D8\_\_\_(Boardwalk)B1,B2\_\_\_(Central Pk)C1\_\_\_  
 Dining Request: Early Seating (approximately 6 PM) \_\_\_ Main Dining (approximately 8:30 PM) \_\_\_

**PASSENGERS MUST USE THEIR LEGAL NAMES TO REGISTER (NO NICK-NAMES)**

*Circle Appropriate Answer*

- |  | <u>MALE / FEMALE</u> | <u>U.S. CITIZEN</u> |
|--|----------------------|---------------------|
| 1. _____ DATE OF BIRTH ___/___/___ AGE _____ | 1. M / F             | YES / NO            |
| 2. _____ DATE OF BIRTH ___/___/___ AGE _____ | 2. M / F             | YES / NO            |
| 3. _____ DATE OF BIRTH ___/___/___ AGE _____ | 3. M / F             | YES / NO            |
| 4. _____ DATE OF BIRTH ___/___/___ AGE _____ | 4. M / F             | YES / NO            |

## **TRAVEL CANCELLATION INSURANCE**

Basic medical travel insurance, which covers you during the cruise, is included in your cruise fare. If you're interested in adding cancellation coverage, please advise your travel consultants at Global Sun and Fun Travel within 14 days of your trip deposit.

This is to confirm that I am aware of the cancellation penalties as described on the upper right corner of this page and that travel insurance is available for purchase to protect against cancellation penalties due to unforeseen MEDICAL reasons.

SIGNATURE (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

PURCHASE TRAVEL CANCELLATION INSURANCE? ACCEPT \_\_\_ DECLINE \_\_\_

## **BILLING & TICKETING PHYSICAL ADDRESS**

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

### **PAYMENT INFORMATION**

- (Make Checks Payable to Global Sun and Fun Travel)
- Check or Money Order Deposit Enclosed \$ \_\_\_\_\_
- *OR*
- PLEASE CHARGE MY CREDIT CARD \$ \_\_\_\_\_
- Name on Card \_\_\_\_\_
- CARD NUMBER \_\_\_\_\_
- EXPIRATION DATE \_\_\_\_\_
- CARDHOLDER SIGNATURE \_\_\_\_\_

### **MAIL OR FAX THIS TO:**

**Global Sun & Fun Travel**  
**Attn: Ida Creal**  
 PO Box 311138  
 Atlanta, GA 31131  
 Fax: 866-819-2116  
 Ph: 800-813-4187