

Girville Getaway Cruise 2008 - Cruise Reservation Form

Lynnae Hall

Carnival's Inspiration – Port Tampa, FL

Sailing: January 14, 2008

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

Middle

Last

Nick Name

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 a reservation form)

Psngr 1: _____ Psngr 2: _____

Psngr 3: _____ Psngr 4: _____

Cabin Information

Cabin: (circle) **6A** Outside (with a window) or **4A** Inside (without a window) Number of Passengers in cabin: 1 2 3 4

Special needs / Diet: _____

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 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 Servant Heart Ministries' program cost or cancellation policy or penalties.**

Payment Information

All Major Credit Cards Accepted - Make *Checks* or *Money Orders* payable to: **Servant Heart 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) Deposit: \$100.00 Due 06/01/07 (3rd) Deposit: \$100.00 due 07-01-07 (4th) Deposit: \$100.00 due 08-01-07

Final Balance Payment: Due 09/30/07

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 06/01/07 Cancellation Penalties \$350.00 per person after 09/30/07 Full fare: No Refund from 12/01/07

Fax or mail completed form to:

Girville Getaway Cruise, P.O. Box 681629, Franklin, TN 37068-1629

Fax: (615)591-8865 or for info call (615) 591-8845

Email: tony@girvillegetawaycruise.com Website: www.girvillegetawaycruise.com