



**Madaris/Westmoreland Family Reunion Cruise**  
**Aboard CARNIVAL Fun Ship "Carnival Miracle"**  
**Departing from Seattle, WA on June 18, 2013**  
**for a 7 Night Alaska Cruise**

**Here's Where We're Going!**

DAY	PORT	ARRIVE	DEPART
Tuesday, June 18	Seattle, WA	—	4:00 PM
Wednesday, June 19	Day at Sea	ô	ô
Thursday, June 20	Cruising Tracy Arm Fjord	ô	ô
Friday, June 21	Skagway, AK	7 AM	9 PM
Saturday, June 22	Juneau, AK	7 AM	3 PM
Sunday, June 23	Ketchikan, AK	7 AM	1 PM
Monday, June 24	Victoria BC Canada	7:30 A.	11:59 PM
Tuesday, June 25	Seattle, WA	7 AM	

**Per Person Cruise Rates**  
 (Based Upon Double Occupancy)

CATEGORY	TYPE	PER PERSON
4B - 4K	Inside	\$1330 - \$1375
6A	Ocean View	Prices Quoted at time of Deposit
8B - 8C	Balcony	\$1930 - \$1985

## DEPOSITS:

A \$200 PER PERSON NON-REFUNDABLE deposit is required to reserve a cabin. That payment will be no later than May 1, 2012

## PAYMENTS:

After the initial deposit payments can be made at any time and for any amount as long as by AUGUST 1, 2012 an additional \$150 per person is paid and by NOVEMBER 15, 2012 an additional \$150 per person has been paid.

## FINAL PAYMENT:

Final payment must be made by MARCH 15, 2013. After that date all cabins are subject cancellation by Carnival Cruise Lines.

## TRAVEL INSURANCE:

Travel insurance can be added to the booking at anytime before final payment. Prices for the travel insurance is based on your cabin total.

## REFUNDS/CANCELLATION:

ALL DEPOSITS ARE NON-REFUNDABLE. Any amount paid over the \$200 deposit will be refunded if you cancel before Carnival cancellation penalties begin.

## CARNIVAL CANCELLATION SCHEDULE:

Before April 4, 2013 - \$200 PP Non-Refundable Deposit

4-5-13 to 4-24-13 - \$350PP & \$200 PP Non-Refundable Deposit

4-25-13 to 5-20-13 - 50% Total Paid & \$200PP Non-Refundable Deposit

5-21-13 to 6-4-13 - 75% Total Paid & \$200 PP Non-Refundable Deposit

6-5-13 to 6-18-13 - Full Penalty - No Refunds

ALL PENALTIES WILL APPLY TO THIRD AND FOURTH PASSENGERS

# GROUP CRUISE REGISTRATION FORM

GROUP NAME	BRENDA JACKSON
LINE/ GROUP #	CARNIVAL 517TR6
SHIP/NIGHTS	MIRACLE 7 NIGHT
SAILING DATE	JUNE 18, 2013

**CANCELLATION PENALTIES**  
 Up to 4-4-13 - \$200PP NON-REFUNDABLE DEPOSIT  
 4-5-13 TO 4-24-13 - \$350PP & \$200 DEPOSIT  
 4-25-13 TO 5-20-13 - 50% OF TOTAL FARE & \$200 DEPOSIT  
 5-21-13 TO 6-4-13 - 75% OF TOTAL FARE & \$200 DEPOSIT  
 6-5-13 TO 6-18-13 - FULL PENALTY (NO REFUNDS)  
 Penalties apply to Third & Fourth Passengers  
  
**NAME CHANGE FEE - \$50.00 PER PERSON**

**NOTE: ONE Registration Form Per CABIN**

**PASSENGERS MUST HAVE PROPER TRAVEL DOCUMENTS**  
 U.S. CITIZENS Must have a VALID PASSPORT Or Original certified birth certificate w/raised seal and photo ID  
 NON-U.S. CITIZENS and RESIDENT ALIENS should contact their respective embassies and U.S. Immigration for applicable regulations

Cabin Category: (Inside Cabin) \_\_\_\_\_ (Ocean View) \_\_\_\_\_ (Balcony) \_\_\_\_\_  
 Dining Request: Early (6:00 PM) \_\_\_\_\_ Late (8:00 PM) \_\_\_\_\_

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

Circle Appropriate Answer

- |  | <i>MALE / FEMALE</i> | <i>U.S. CITIZEN</i> |
|--|----------------------|---------------------|
| 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**

CRUISES & TOURS UNLIMITED STRONGLY RECOMMENDS PURCHASING TRAVEL INSURANCE DUE TO THE CRUISE LINES' VERY STRICT CANCELLATION POLICIES. VACATION CARE TRAVEL INSURANCE **MUST** BE PURCHASED NO LATER THAN THE FINAL PAYMENT DATE.

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 at Final Payment (but prior to penalty start date) to protect against cancellation penalties due to unforeseen MEDICAL reasons.

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

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

### **BILLING & TICKETING PHYSICAL ADDRESS (P.O. BOXES NOT ACCEPTED)**

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

### **PAYMENT INFORMATION**

(Make Check Payable to Cruises & Tours Unlimited)  
 Check or Money Order Deposit Enclosed \$ \_\_\_\_\_  
 PLEASE CHARGE MY CREDIT CARD \$ \_\_\_\_\_  
 CARD NUMBER \_\_\_\_\_  
 EXPIRATION DATE \_\_\_\_\_  
 CARDHOLDER SIGNATURE \_\_\_\_\_

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

**CRUISES & TOURS UNLIMITED**  
**ATTN: REGINA EXT. 237**  
 8030 Phillips Hwy., Suite 13  
 Jacksonville, Fl. 32256  
 904-739-2224 / 800-935-2727  
**FAX: 904-739-2155**