

CASON TRAVEL & TOURS LLC

KCEP POWER 88 GROUP - CARNIVAL IMAGINATION: SEPTEMBER 3-7, 2017

GROUP REGISTRATION FORM

Complete and return with your deposit to Cason Travel & Tours, 4610 Cliff Breeze Dr., North Las Vegas, NV. 89081 or fax to 702-642-2570. If you have any questions, please call our office at (702) 642-2628 or (800) 899-7690

casontravelandtours1@cox.net www.casontravelandtours.com

Guest #1

Guest #2 (Roommate)

| | | | |
|---|--|--|--|
| 1. Legal Name: (As it appears on your passport or birth certificate) Male: Female: | | 1. Legal Name: (As it appears on your passport or birth certificate) Male: Female: | |
| Carnival Past Guest Number: | | Carnival Past Guest Number: | |
| 2. Date of birth: | | 2. Date of birth: | |
| 3. Street address: | | 3. Street address: | |
| 4. City/State/Zip: | | 4. City/State/Zip: | |
| 5. Cellular: | | 5. Cellular: | |
| 6. Email: | | 6. Email: | |
| 7. In case of accident or emergency, person to notify at home: | | | |
| Name: | | Relationship: | |
| | | Phone: | |
| Are you a () Smoker | | () Non-Smoker | |
| Will you be celebrating a birthday or anniversary on this cruise? If so, list the date and occasion? _____ | | | |
| I would like to share a dining table with (friends, family, etc.) Early dining _____ Late Dining _____ the group has been reserved for late dining at 8:30 pm | | | |
| Cabin Selection: Inside \$439 ____ Oceanview \$489 ____ Oceanview Upper Deck \$519 ____ Suite \$840 ____ Occupancy: Single ____ Double ____ Triple ____ Quad ____ | | | |
| I, _____ hereby authorize Cason Travel & Tours and Carnival Cruise Line to charge my credit Card for cruise payments aboard the Carnival Imagination, September 3, 2017. I agree to pay all charges as authorized. # _____ EXP _____ Back _____ Credit card holder name _____ Billing Address _____ | | | |
| Credit Card Holder Signature: _____ | | Amount to charge: \$ _____ | |
| SIGNATURE REQUIRED TO REGISTER: DATE: _____ | | | |
| Please charge my credit card every 30 days according to payment schedule on flyer. Yes ____ No ____ Trip cancellation Insurance from = \$69 Yes _____ No _____ | | | |

A valid passport or original birth certificate with photo ID is required for the Cruise. I understand that in the event of cancellation, penalties will be assessed: \$50 per person of the deposit is non-refundable.

Booking # _____ Cabin # _____ (please leave blank)

Carnival Imagination: www.casontravelandtours.com