

CASON TRAVEL & TOURS LLC
CARNIVAL TRIUMPH: February 2 - 7, 2019
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 or email below**. 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 8:15 pm			
Cabin Selection: Inside: ___ Oceanview: ___ Balcony cabin: ___ Prices are subject to change Occupancy: Single _____ Double _____ Triple _____ Quad _____			
Check if it applies to you: Military: Police/Firefighter: Proof required upon embarkation			
I, _____ hereby authorize Cason Travel & Tours and Carnival Cruise Line to charge my credit Card for cruise payments aboard the Carnival Triumph, February 2, 2019. I agree to pay all charges as authorized.			
Credit Card #: _____ EXP: _____ Security Code on Back: _____			
Credit card holder name _____ Credit Card Billing Address _____ City: _____ State: _____ Zip: _____			
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 Triumph: www.casontravelandtours.com