

CASON TRAVEL & TOURS LLC.
T & T VACATION CLUB – CARNIVAL HORIZON
APRIL 6 -14, 2019 REGISTRATION FORM

Complete form and return with your deposit to Latanya, make checks payable to Cason Travel & Tours, LLC. If you have any questions, please contact Latanya at 313-717-7101 or Christy at 800-899-7690 Fax 702-642-2570
casontravelandtours1@cox.net www.casontravelandtours.com Email: tandtvacationclub@yahoo.com

Roommate

| | |
|---|--|
| 1. Legal Name: (As it appears on your government ID) | 1. Legal Name: (As it appears on your government ID) |
| 2. Date of birth: | 2. Date of birth: |
| 3. Street address: | 3. Street address: |
| 4. City/State/Zip: | 4. City/State/Zip: |
| 5. Home Phone: | 5. Home Phone: |
| 6. Work Phone: | 6. Work Phone: |
| 7. Cellular: | 7. Cellular: |
| 8. Email: | 8. Email: |
| 9. In case of accident or emergency, person to notify at home: | |
| Name: | Relationship: |
| | Phone: |
| 10. Are you a <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker | |
| 11. Will you be celebrating a birthday or anniversary on this cruise? If so, list the date. | |
| 12. Birthday or Anniversary | |
| 13. Cabin Selection: Inside _____ Oceanview _____ Balcony _____ Occupancy: Double _____ Triple _____ Quad _____ | |
| 14. I, _____ hereby authorize Cason Travel & Tours to charge my credit Card # _____ EXP _____ Back _____ Credit card holder name _____ Address _____ I agree to pay all charges Credit Card Holder Signature _____ Amount to charge \$ _____ | |
| 15. For Cruise payments for myself and/or _____ aboard the Carnival Horizon April 6 -14, 2019. Full Name of Card holder _____ | |
| 16. Please charge my credit card according to payment schedule on the flyer Yes _____ No _____ Cruise Cancellation Insurance from \$110.00 pp Yes _____ No _____ Forms of payment accepted: cash, check, money order, and major credit or debit cards. | |
| A valid passport is suggested for this cruise, not required. I understand that in the event of cancellation, penalties will be assessed and deposit is non- refundable. Booking # Carnival _____ Vista (please leave blank) | |