

*7-Day "Jamaica Me Crazy" Caribbean Cruise
on the
Carnival Cruise Funship Conquest*

Sunday, April 19, 2009

DAY	PORT	ARRIVE	DEPART
SUN	GALVESTON		4:00PM
MON	FUN DAY AT SEA		
TUE	FUN DAY AT SEA		
WED	MONTEGO BAY, JAMAICA	8:00AM	5:30PM
THU	GRAND CAYMAN	7:00AM	4:00PM
FRI	COZUMEL	9:00AM	6:00PM
SAT	FUN DAY AT SEA		
SUN	GALVESTON	8:00AM	

STATEROOM ACCOMMODATIONS (Per Person Rates):

Stateroom Preference	2 Guests in Cabin	3 Guests in Cabin	4 Guests in Cabin
Inside Stateroom	\$ 636	\$ 573	\$ 543
Ocean View Stateroom	\$ 756	\$ 665	\$ 619

(Above prices include cruise, port charges, fuel surcharge, government taxes/fees, shipboard meals, entertainment, all special activities, and much, much more)

Don't delay!! Prices are subject to change and based on availability

PAYMENT SCHEDULE (Per Person):

- A minimum of \$100.00 per person (\$25 of which is non-refundable) due NOW;
- 2nd installment of at least \$150 per person due BEFORE Nov 24, 2008;
- Balance due BEFORE Feb 10, 2009

Payments not received by due dates will result in cancellation of booking and/or confirmed space, cancellation fees and rebooking fees.

TRAVEL PROTECTION INSURANCE / CANCELLATION PENALTY WAIVER IS OPTIONAL BUT HIGHLY RECOMMENDED. COST FROM \$99 - \$129 PER PERSON, AGE 17 & OVER, AND PREMIUM MUST BE PAID BEFORE FINAL PAYMENT DATE.

- CONTACT -

Great Escape Vacations Intl

info@greatescapevacations.net

Tel: 281-565-2121

Fax: 281-277-8654



Send Form & Payments to:
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8330 Ashlawn Drive
Houston, TX 77083

Phone: 281-565-2121
Fax: 281-277-8654
Mobile: 281-468-8189

Cruise Registration Form

TRIP NAME: 'Jamaica Me Crazy' Cruise **TRAVEL DATE: April 19, 2009**

- Please fill Out This Form Completely. Sign and Return with Payment -
 One Form Per Cabin – Please Print LEGIBLY

Enter Your Legal Name Exactly as Shown on Your Passport or Photo ID (Driver's License)

Guest #1 Mr / Mrs / Ms First _____ MI _____ Last _____
 Address _____ Apt# _____
 City _____ State _____ Zip _____
 Telephone (Day) _____ (Evening) _____ (Email) _____
 Date of Birth _____ US CITIZEN? Yes or No FAX# _____
 Total # of Guests In Your Room _____ (including yourself)
 Emergency Contact Name: _____ Relationship: _____ Phone No. _____

Guest #2	Date of Birth:	Male / Female
Guest #3	Date of Birth:	Male / Female
Guest #4	Date of Birth:	Male / Female

Cruise Information Section (Circle all that's applicable)

Cabin Type	Cabin Occupancy	Price & Category	Dining Preference	Celebrations	VPP Insurance/Trip Cancellation Penalty Waiver (Optional but Highly Recommended)
Inside	Single – 1 person	Price (Per Person) - \$	Early 6pm	Birthday	___ We do accept (# of guest ___) ___ We do not accept
Ocean View	Double – 2 people	Category/Deck			
	Triple – 3 people	Is This Your 1st Cruise? Yes No	Late 8pm	Honeymoon	Your Signature: _____ MUST BE COMPLETED
Suite	Quad – 4 people	Special Diet: Bland , Diabetic, Kosher	With Group	Reunion	
	Quin– 5 people			Other	

List any special needs:

Please Read and Sign Below: Your cabin will not be reserved until we receive a Signed Registration Form and payment Terms and Conditions:

I acknowledge that I have read this registration form completely and the information I provided is accurate. I understand that \$25 per person of my deposit is non-refundable. In case of cancellation, supplier cancellation penalties may apply depending on the date of cancellation; and a \$25 per person service fee will be charged by Great Escape Vacations, regardless of the cancel date. I understand that if my roommate(s) cancel, my rate will change. I understand that ALL monies must be paid according to the payment schedule. (1) If I make more than three change requests and/ or if payment is not made by the scheduled due dates, a \$25 per person admin/late fee will be charged (2) If my balance is left unpaid by the final payment date, my cabin will be cancelled within 3 days after the final payment date. A \$50 per person reservation reinstatement fee will be charged if space is still available. Prices for reinstated cabins may be higher than the initial rate. All requests for refund must be in writing. VACATION PROTECTION INSURANCE / TRIP CANCELLATION PENALTY WAIVER IS HIGHLY RECOMMENDED TO PROTECT YOUR INVESTMENT.

On behalf of the above-named guest,(s) my signature indicates understanding and acceptance of these terms.

Guest Signature: _____ Date: _____

Payment Information

Circle Payment Method: Credit Card Debit Card Check# Money Order

If by credit card and the credit card holder is not a sailing passenger, we need a completed Credit Card Authorization Form with a copy of the cardholder's credit card (front and back) and a copy of their driver's License.

Credit Card# _____ Exp. Date _____ Sec. Code _____

Cardholder Name (Please Print LEGIBLY) _____ Amount \$ _____

Credit Card Billing Address _____ City, State, Zip _____

Cardholder Signature _____ Cardholder Phone # (_____)

Official Use Only: Agent/ Owner Name: *Brenda Lofton* Today's Date _____