

PHP TRAVEL CONSULTANTS CARNIVAL SUNRISE CRUISE RESERVATION FORM

Enclosed is my Deposit/Payment of \$

Please list the full legal names of *ALL* Passengers in the *same* stateroom

Mr. Mrs. Ms. Dr.

(Legal name as it appears on your passport or identification)

Date of Birth:

Address:

City:

State:

Zip:

Phone: (H)

(W)

(C)

Email Address:

Past Guest? Number

Emergency Contact Name:

Telephone:



Mr. Mrs. Ms. Dr.

(Legal name as it appears on your passport or identification)

Date of Birth:

Address:

City:

State:

Zip:

Phone: (H)

(W)

(C)

Email Address:

Past Guest? Number

Emergency Contact Name:

Telephone:

Cabin Stateroom:	Inside	Ocean-view	Balcony
	Single	Double	Triple
			Quad (how many in the room 1, 2, 3, 4)

I/WE HAVE READ, UNDERSTOOD AND ACCEPTED THE CONDITIONS AS STATED IN THE THINGS TO KNOW:

Signature: _____ **Date:** _____

Travel Insurance: Please add From \$50.00 per person _____ I Decline travel insurance _____

**Please complete this sign-up sheet and mail back with deposit to: People Helping People
PO Box 356 Brice, Ohio 43109 – Fax 866-842-4029 – info@phptravel.com**