

PHP TRAVEL CONSULTANTS CARNIVAL HORIZON 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:**

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**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**