## **CALTA CRUISE RESERVATION REQUEST FORM**

## CALTA CRUISE 14

October 1 - 5, 2020



Complete the information and email to <a href="mailto:caltacruise@gmail.com">caltacruise@gmail.com</a>. Reservations are not confirmed until the deposit is applied and confirmation has been received. All prices are based on availability at time of deposit.

| PASSENGER NAME (Name must match the identification used for this cruise)  |                |                           |                 |                 |
|---|----------------|---------------------------|-----------------|-----------------|
|   |                |                           |                 |                 |
| STREET ADDRESS:   |                |                           |                 |                 |
| STREET ADDRESS.   |                |                           |                 |                 |
| CITY:   |                | STAT                      | `E:             | ZIP:            |
|   |                |                           |                 |                 |
| DATE OF BIRTH: PAST GUEST OF CARNIVAL (?)   |                |                           |                 |                 |
|   |                |                           |                 |                 |
| TELEPHONE NUMBER: EMAIL ADDRESS:  |                |                           |                 |                 |
|   |                |                           |                 |                 |
| 2 <sup>ND</sup> PASSENGER NAME (Name must match the identification used for this cruise)  |                |                           |                 |                 |
| 2 <sup>th</sup> PASSENGER NAIME (Name must match the identification used for this cruise)   |                |                           |                 |                 |
|   |                |                           |                 |                 |
| STREET ADDRESS:   |                |                           |                 |                 |
|   |                |                           |                 |                 |
| CITY:   |                | STA                       | ATE:            | ZIP:            |
|   |                |                           |                 |                 |
| DATE OF BIRTH: PAST GUEST OF CARNIVAL (?)   |                |                           |                 |                 |
| TELEPHONE NUMBER.   |                |                           |                 |                 |
| TELEPHONE NUMBER: EMAIL ADDRESS:  |                |                           |                 |                 |
|   |                |                           |                 |                 |
| DEPOSIT OF \$150 PER PERSON IS REQUIRED TO SECURE YOUR RESERVATION. PLEASE PROVIDE YOUR CREDIT CARD INFORMATION INCLUDING                                   |                |                           |                 |                 |
| THE EXPIRATION DATE. IF YOU PREFER, YOU CAN CALL ACCENT ON TRAVEL WITH THIS INFORMATION.  |                |                           |                 |                 |
| Early Saver Reduced Deposits are Non-Refundable. Please refer to the informational brochure for all details & information.  CREDIT CARD NUMBER: EXPIRATION: |                |                           |                 |                 |
| CREDIT CARD NOWIDE  | -1 <b>\.</b> • |                           | EXIMATION.      |                 |
| SECURITY CODE:  | CARD HOLDER:   | CARD HOLDER: BILLING ZIP: |                 | <b>?</b> :      |
| U.S. CITIZENS REQUIRE A PASSPORT VALID 6 MONTHS PAST DATE OF RETURN OR A  |                |                           |                 |                 |
| STATE ISSUED CERTIFIED BIRTH CERTIFICATE ALONG WITH A GOVERNMENT ISSUED PHOTO I.D.  |                |                           |                 |                 |
|   |                |                           |                 |                 |
| TYPE  | \$519 INSIDE   | \$569 OCEANVIEW           | BALCONY         | SUITE           |
| OF  | <b>.</b>       |                           | (Price on Rqst) | (Price on Rqst) |
| STATEROOM   | \$539 INSIDE   | \$589 OCEANVIEW           |                 |                 |
| Price is per person based on double occupancy. 3 <sup>rd</sup> & 4 <sup>th</sup> Guests and Single Rates on request   |                |                           |                 |                 |
|   |                |                           |                 |                 |
| SPECIAL REQUESTS:   |                |                           |                 |                 |
|   |                |                           |                 |                 |
|   |                |                           |                 |                 |