

JACOBS TRAVEL

Please Email address: _____

APPLICATION/RECEIPT FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

EMERGENCY PHONE: (____) _____ DATE OF BIRTH: _____

CRUISE SHIP AND DATE: _____ PRICE: _____

CATEGORY: _____ () Inside () Oceanview () Balcony () Suite

ROOMMATE(s): _____

Roommate's Date of Birth: _____

Attached is my Cruise () Deposit of \$_____

The deposit of \$50 per person is non-refundable 3 days from the execution of this application. All additional payments (minus the deposit) are 100% refundable *prior* to 60 days of sailing. Cancellations *after* 60 days will be prorated and assessed appropriate penalties by Carnival Cruise Lines. Insurance for this cruise package is optional but recommended.

X _____
SIGNATURE DATE

PAYMENT DEADLINES

All listed cruise prices are based upon double occupancy and do not include airfare.

DEPOSITS: A minimum deposit \$50 per person is currently due to reserve your cabin!

PAYMENTS: CHECKS, ATM, CASH, and VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS CREDIT CARDS ARE ACCEPTED FOR ANY PAYMENT or DEPOSIT.

FOR YOUR CONVENIENCE, **MONTHLY INSTALLMENT PAYMENTS ARE RECOMMENDED** AND ACCEPTABLE.

Please Make Checks Payable to: Jacobs Travel, 1531 Prince Street, Berkeley, CA 94703

FORM OF PAYMENT: () Cash _____ () Check # _____ () Credit Card _____

BALANCE: \$_____ Rec'd By: _____