

# BENEFIT CRUISE & TRAVEL

## Cruise Registration

**NAME 1<sup>st</sup> Passenger:** \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name as it appears on PASSPORT

Address: \_\_\_\_\_ Citizenship? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Air City? \_\_\_\_\_ No air? \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work/Other: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_ Airport/Pier Transfers Needed? \_\_\_\_\_

**NAME 2<sup>nd</sup> Passenger:** \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name as it appears on PASSPORT

Address: \_\_\_\_\_ Citizenship? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Air City? \_\_\_\_\_ No air? \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work/Other: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_ Airport/Pier Transfers Needed? \_\_\_\_\_

**Cabin Choice:**  Inside \$490/pp  Ocean View \$530/pp  Suite (call for prices)

Special Needs, Diets, or Requests? \_\_\_\_\_

Special Celebrations? \_\_\_\_\_

***Franklin Primary Health Center Cruise - Group #9Z43R3  
Carnival HOLIDAY - Western Caribbean - May 14, 2009***

Deposit Amount Enclosed: \$ \_\_\_\_\_ (\$50/pp)

**Make Check or Money Order Payable:** Benefit Cruise & Travel

Mail form & payment to: Benefit Cruise & Travel - PO Box 347305 - Parma OH 44134

For more information or to phone in credit card, call: 216-459-9094

I/We  Accept insurance now \$49pp (  charge to credit card  check enclosed)

Decline insurance now ( if purchased later, pre-existing conditions may not be covered)

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

\*\*\* Proper identification is passenger responsibility. PASSPORTS ARE REQUIRED FOR ALL US CITIZENS (EVEN CHILDREN). Please read and initial: \_\_\_\_\_