

BOOKING FORM

IGBO 2010 Cruise on the Carnival Spirit ~ January 22, 2010

Please Print Clearly.

List your name as on your passport. Any charge due to incorrect information will be your responsibility.

REMINDER Passports are required.

Last Name: _____ First Name: _____ Middle Initial: _____
Street Address: _____ Date of Birth: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell: _____ EMAIL: _____
Passport # _____ Issue Date: _____ Expiration Date: _____
Inside Cabin: _____ Oceanview Cabin: _____ Balcony Cabin: _____ Bed Configured: _____ Twin: _____ Queen: _____
Early Dining: _____ Late Dining: _____ Table Size: 4. 6. 8 _____ Share Cabin With: _____
Seated With: _____

Special Requests: _____ Past Guest Number: _____
Medical, Birthday, etc. _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Insurance At Time Of Deposit:			
Yes:		No:	

Insurance At Time Of Final Payment:			
Yes:		No:	

Declined: _____ Initials _____

Credit Card #: _____ Expiration Date: _____ Circle Credit Card Type: _____
Master Card Discover Visa AMEX

Deposit Amount: \$ _____ Please follow the payment plan. **Yes or No** Please circle one

Please use the same credit card for DEPOSIT, 2nd PAYMENT and FINAL PAYMENT. Final Payment will be due on October 1, 2009 and will be for the amount remaining on your balance

Signature: _____ Date: _____

For More Information Contact:
Chris Butts 614-562-2300
Email: camchris@aol.com

Travel Arrangement Provided By:
David Todd, Atlas Travel 614-309-9600
Scan it & email to: todd.5@osu.edu or fax it to Chris Butts at 614-488-3895

For Office Use Only

Booking #: _____ Cabin #: _____ Rate per person: _____