KIQ TOURS

CRUISE REGISTRATION FORM

FAX TO: (617) 298-7349   **E-MAIL TO:** PROCESS@KIQTOURS.COM   **Group Leader: KIQ Tours**

TRIP NAME: **AQUA BOOGIE CRUISE 21 HONDURAS**_____ CONFIRMATION #_____(IF APPICIABLE)

☐ **Check box if you're making changes to your current invoiced package.**

Primary Traveler Name:

NAME _____ TEL #:_____

ADDRESS_____CITY_____ STATE_____ ZIP CODE_____

E-MAIL ADDRESS_____

Discount Option Plan (If Applicable): Standard Plan ☐   **Super Early Saver Plan (No Refund/No Name Changes)** ☐   **Early-Bird Plan** ☐

Cabin Type: Inside Cabin ☐   **Ocean View Cabin** ☐   **Balcony Cabin** ☐   **Suite Cabin** ☐

Package Options: Party Package Only ☐   **Air** ☐   **Pre-Cruise Hotel** ☐   **Post-Cruise Hotel** ☐   **Gratuity** ☐   **Transfers** ☐   **Insurance** ☐

IMMIGRATION TRAVEL INFORMATION: (Required To Travel)

NUMBER OF GUEST IN ROOM INCLUDING YOURSELF: **(CHECK ONE)**   ☐ 1 Single   ☐ 2 Double   ☐ 3 Triple   ☐ 4 Quadruple

Your Name_____DOB_____Sex_____Citizenship_____Air City_____T-shirt Size_____

Roommate #1 Name_____DOB_____Sex_____Citizenship_____ Air City_____ T-shirt Size_____

Roommate #2 Name_____DOB_____Sex_____Citizenship_____ Air City_____ T-shirt Size_____

Roommate #3 Name_____DOB_____Sex_____Citizenship_____ Air City_____ T-shirt Size_____

T-shirt Size: Small to 5X

PAYMENT OPTIONS:

Credit Card: AMEX   DISCOVER   MASTERCARD   VISA

ACCOUNT #:_____ EXP. DATE_____CVV2 #_____, (3 Digit # Back of D/MC/V Card)
                                                                                                (4 Digit # Front Right Amex Card)

Check Payment:

BANK NAME_____CHECK#_____

ROUTING#:_____ACCOUNT#_____

Payment For:

Yourself _____ AMT $_____ ☐ Deposit ☐ Payment

Roommate #1 _____ AMT $_____ ☐ Deposit ☐ Payment

Roommate #2 _____ AMT $_____ ☐ Deposit ☐ Payment

Roommate #3 _____ AMT $_____ ☐ Deposit ☐ Payment

Total Amount To Charge AMT $_____

SIGNATURE._____ **DATE**_____

(I hereby authorize KIQ Travel Services D/B/A KIQ Tours and/or Carnival Cruise Lines to charge or debit my account in the above amount for travel. Furthermore in the event that I cancel my travel arrangements after the cancellation date prescribe by the terms and conditions of this tour. I authorize the above mentioned companies to hold my account liable for the charges due as a cancellation fee and authorize them to refund only the portion due back to me if applicable.)

(FOR OFFICE USE ONLY)

AUTHORIZATION No._____ **ORDER TAKEN BY:**_____