



CRUISE REGISTRATION FORM

FAX TO: (617) 298-7349

E-MAIL TO: PROCESS@KIQTOURS.COM

Group Leader: **KIQ Tours**

TRIP NAME: CUBA CONFIRMATION # _____ (IF APPLICABLE)

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

T-shirt Size: Small to 5X

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 _____

PAYMENT OPTIONS:

Cash App Payment: (Submit form followed by payment)

VENMO – Username: **KIQTOURS** Phone #: **617-803-9054** Email: PROCESS@KIQTOURS.COM

CASH APP – Username: **\$KIQTOURS** Phone #: **617-803-9054** Email: PROCESS@KIQTOURS.COM

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 MSC 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: _____