



## **CRUISE REGISTRATION FORM**

FAX TO: (617) 298-7349

E-MAIL TO: [PROCESS@KIQTOURS.COM](mailto:PROCESS@KIQTOURS.COM)

Group Leader: **KIQ Tours**

TRIP NAME: ST. MAARTEN 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

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: \_\_\_\_\_