

Group ID#: 2WNH73 4 Day Cuba Cruise (Sailing from Charleston, SC to Cuba) Group Name: 2019 MOMBC Cuba

** <u>Please print names exactly as they appear on your passport</u>**

Passenger Name (s):	
(1)	_ DOB:
(2)	_ DOB:
(3)	_ DOB:
(4)	_ DOB:
Address:	
City:	State:Zip:
Phone # Home: Cell:	
Email:	
Proof of Citizenship: Valid Passport Book is REQUIRED for this Sailing	
Driver's License #: State:	
Please circle one ch	oice for each of the following:
<u>Cabin Type</u> : Inside Oceanview	Balcony
Insurance: YES NO Insurance must be paid within 14 days Prices will vary.	of initial deposit to cover pre-existing conditions.
I agree to make all payments to Travel With Excellence, LLC (or affiliate KHM Travel)	
no later than the due dates listed I agree to provide the required personal documents.	
I have been informed about the cruise vacation protection plan.	
I have been informed about the cancellation penalties.	
Signature	Date

Please fill out completely, sign and return with your deposit to: Mt. Olive MBC Attn: 2019 Cuba Cruise PO Box 35829, Fayetteville, NC 28303.



Group Participant Agreement Deposits & Payments

Payments can be made by cash, cashiers check, personal check, or debit/credit card. Payments can also be mailed directly to: Travel With Excellence, Attn: 2019 Cuba Cruise, PO Box 35928, Fayetteville, NC 28303

**Please include driver's license number and phone number on all checks. **

Cancellation & Refunds

Carnival Cruise Line charges the following per person fees for cancellation:

September 23, 2019 -\$150 per person October 8, 2019- 50% per person October 24, 2019 - 75% per person November 8, 2019 -Full penalty

Vacation Protection Insurance

Vacation Protection Insurance is available and recommended. A full Description of Coverage will be provided which details the plan benefits and limitations. *This insurance is paid separately from the cruise and is non-refundable*!

****<u>Required Personal Documents</u>*****

You are required to have proper documentation with you at the time of check-in. **If you arrive at the port for check-in with out the proper documentation you will not be allowed to board the ship and <u>will not</u> receive a <u>REFUND.</u>**

<u>*PLEASE REFER TO THE CRUISE BROCHURE FOR YOUR REMINDER OF PAYMENT</u> <u>AMOUNTS AND DATES.*</u>

I have read and agree to all terms and conditions listed herein.

Signature ___

_____ Date _____

Misc. Information

T-Shirt Size:_____

Special Preferences(i.e. scooter, wheelchair, sharps container, etc.):