



Jana Nickerson Williams – Certified Travel Associate

Golden Travel Services

Your Full Service Travel Agent



Independent Travel Agent

Phone: 832-877-1115/Fax 713-721-7850/email: goldentravelservices@earthlink.net

SOC Bears 20th Class Reunion Cruise Travel Reservation Request Form

(Please Submit One Form per Person)

ADULTS REQUIRE PROOF OF IDENTITY AND CITIZENSHIP (ORIGINAL OR CERTIFIED COPY OF BIRTH CERTIFICATE AND VALID GOVERNMENT ISSUED ID OR PASSPORT)

ALL TRAVELERS 16 AND ABOVE REQUIRE PROOF OF IDENTIFY (OFFICIAL PHOTO ID) OR PASSPORT

Please confirm desired options:

Form with columns: Travel Dates, Room Type (Interior, Oceanview, Balcony, Ocean Suite, Grand Suite), Number of Room Occupants (1-5), Pre-pay Gratuity (Yes/No), Vacation Protection (Yes/No), Dining Request (Traditional 6:00 pm, 8:15 pm, Your Time)

Form with columns: Traveler 1 Legal Name (First, Middle, Last), Gender/Title (Male, Female, Mr., Mrs., Ms., Miss, Master), Date of Birth, Home Phone & Cell Phone, Address (include, city, state & zip), Cruise Line Frequent Guest Number, Birth Certificate & Driver's License Issuing State, Passport Number, Passport Issuing Agency & Country, Passport Issue Date, Passport Expire Date, Email Address

Rooming With (Legal Names Required)

Empty table for rooming with information

*Failure to enter legal first, middle & last name as on proof of citizenship document will result in name change penalty charges at traveler's expense.

Emergency Contact

Form with columns: Name (First & Last), Phone Number, Relationship

Special Requirements Information

Form with columns: Diabetic (Injectable Medication, Test with Lancet), Oxygen Machines (Tank, CPAP, Nebulizer, Concentrator), Pregnancy (# of weeks by departure date), Hearing Impaired (TTY/TDD kit needed for room), Mobility Impaired (Manual Wheelchair, Electric Wheelchair, Scooter), Other

Payment Method

Form with columns: Select Payment Type (Cashier's Check, U.S. Postal Service Money Order, Credit/Debit Card (American Express, Discover Card, MasterCard, VISA)), Payable to America's Travel Companies, Inc., Credit Card use requires the completion of the Credit Card Authorization form and must be submitted with fax legible front and back copies of the credit card and the cardholder's driver's license. (Credit/Debit card payments submitted for initial deposit will incur a non-refundable 4% agency processing charge. This charge applies to initial deposits only.)

\$50.00 per person non-refundable agency cancellation fee withheld from initial deposit for any cancelled reservation in addition to any cruise line charges.

I/We understand that some components of this package may be non-refundable. Vacation Protection may provide recovery of funds depending on the reason for cancellation. A signed protection waiver is required for all travelers.

Signature of Adult (age 21+) or Legal Parent/Guardian

Date

Form with columns: Submit Completed Reservation Request Form, Signed Waiver and Payment to: Golden Travel Services, 6157 Dryad Dr., Houston, Texas 77035; For your convenience, the Reservation Request Form, Signed Waiver, Credit Card Authorization Form (and required copies) may be sent via fax or email to: FAX: 713-721-7850, EMAIL: goldentravelservices@earthlink.net



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SOC Bears Class of 1992 - 20 Year Reunion Western Caribbean Cruise - October 2012

Date of Group Confirmation: July 5, 2011
Travel Supplier: Carnival Cruises
GROUP DEPARTURE DATE: October 4, 2012
Group Lead: K. Siggers

PER PERSON PRICING

Staterooms	1st & 2nd Passenger	Vacation Protection	3rd through 4th Passenger ¹	Vacation Protection	Gratuities
Inside Staterooms (Category 4C):	\$416.19	\$65.00	\$151.19	\$49.00	\$40.00
Oceanview Staterooms (Category 6C):	\$456.19	\$65.00	\$171.19	\$49.00	\$40.00
Balcony Staterooms (Category 8B):	\$521.19	\$65.00	\$191.19	\$49.00	\$40.00
Suite Staterooms:			Priced upon request		

¹NOTE: 3rd through 4th passenger prices effective only when sharing stateroom with 1st and 2nd passengers.

Per Person Cruise Fare, Taxes, Vacation Protection and availability Subject to Change without Prior Notice.

CARNIVAL CONQUEST

SAILING ITINERARY

Date	Ports of Call	Arrival	Departure	Activity
Thu 4 Oct 2012	Galveston, TX		4:00 PM	Boarding
Fri 5 Oct 2011	Fun Day at Sea			
Sat 6 Oct 2011	Cozumel, Mexico	8:00 AM	4:00 PM	
Sun 7 Oct 2011	Fun Day at Sea			
Mon 8 Oct 2011	Galveston, TX	8:00 AM		Disembarking

GROUP POLICIES & PROCEDURES:

• A minimum of 8 Staterooms/16 persons (excludes 3rd and 4th persons sharing stateroom) are required to qualify for a group cruise rate and amenities such as private meeting space.

Payment Schedule:

Activity	Amount (Per Person)	Date Due
Initial Deposit ²	\$50.00	15-Jul-11
2nd Deposit	\$100.00 + Vacation Protection ³	Before October 10, 2011
3rd Payment	Remaining Balance ⁴ <i>Depends on options included</i>	Before March 10, 2012
Final Payment	Remaining Balance ⁴ <i>Depends on options included</i>	Before July 10, 2012

\$50.00 per person non-refundable agency cancellation fee withheld from initial deposit for any cancelled reservation in addition to any Cruise line charges.

²\$150.00 per person for initial deposit for assigned, Suite, or greater than 2 persons occupancy accommodations.

³Vacation Protection must be purchased with 2nd deposit to include coverage for pre-existing conditions.

⁴Options include Pre-payment of Gratuity.

Optional Vacation Protection:

Carnival strongly recommends the purchase of the trip cancellation insurance such as the Carnival® Vacation Protection Plan™ that provides baggage, trip cancellation/interruption and medical expense coverage for your vacation Please refer to the Celebrity Vacation Protection information at www.carnival.com for specific information on package of benefits. Vacation Protection Plan premiums are non-refundable and non-transferable. This option must be purchased with second deposit due date to include coverage for pre-existing conditions.

Gratuity:

Gratuities are greatly appreciated at the end of the cruise. Gratuities may be pre-paid with the cruise fare or Carnival will automatically add the gratuity to each guest's onboard account. Pre-payment of gratuities is required for guests who wish to enjoy the new "YourTime" dining option where guests may choose to eat dinner in the Formal Dining Room anytime between 5:45 pm and 9:30 pm. Due to limited number of large table availability, parties greater than 10 guests may need to be accommodated at different tables. Traditional group dining where the group is seated together at different tables may be enjoyed at 6:00 pm or 8:30 pm. Gratuities are subject to change at any time. This option may be purchased no later than the final payment date.

Cancellation Policy:

When Cancelled	Penalty
75+ days prior to departure	\$150.00 per person
45 - 30 days prior to departure	50% of Total Fare or deposit amount, whichever is greater (excludes taxes and fees)
19 - 15 days prior to departure	75% of Total Fare or deposit amount, whichever is greater (excludes taxes and fees)
14 days or less prior to departure	No refund except taxes and fees

\$50.00 per person non-refundable agency cancellation fee withheld from initial deposit for any cancelled reservation in addition to any Cruise line charges.

Proof of Citizenship Requirements:

This ship sails from Galveston, Texas. Anyone traveling outside of the United States will need to provide proof of their American citizenship such as a valid passport or birth certificate with a valid government issued photo identification. NOTE: Spelling of names must match documentation presented for proof of Citizenship (Passport or Birth Certificate) Visit www.travel.state.gov for more information.

FULL LEGAL NAMES (first,middle,last) AS ON PASSPORT or BIRTH CERTIFICATE REQUIRED AT RESERVATION TO AVOID NAME CHANGE PENALTIES.

Payment Methods:

Rates are per person. Acceptable forms of payment for deposit are Cashier's Check or U.S. Postal Service Money Order payable to America's Travel Companies, or Credit/Debit Card. (Credit/Debit card payments submitted for initial deposit will incur a non-refundable 4% agency processing charge. This charge applies to initial deposits only.) Credit/Debit Cards payments require submission of a completed Agency Credit Card Authorization Form along with front and back copies of card and cardholder's driver's license.

Carnival Cruises reserves the right to re-instate the fuel supplement for all guests at up to \$9 per person per day if the NYMEX oil price exceeds \$70.00 per barrel. Cruise Prices are based on a minimum of two persons sharing a stateroom.

\$150.00 per person initial deposit for assigned, Suite or greater than 2 persons occupancy accommodations.



Travel Protection Waiver

Golden Travel Services strongly recommends travel protection to all of our clients. As discussed in your travel quote, different types of optional travel protection are available and may cover many unfortunate or unforeseen circumstances before or during your travel. Each traveler MUST complete and return this form to our office before submitting final payment. This coverage must be purchased at time of initial deposit to cover any preexisting medical conditions. Travel arrangements will not be processed without receipt of this signed waiver by Golden Travel Services.

I acknowledge that Golden Travel Services has advised me of the availability of optional travel protection plans and I choose to make the following selection (**choose only one**):

I have received and/or reviewed the Travel Protection information provided by Golden Travel Services and I decline to purchase any type of travel protection plan.
(Initial Here) _____

I have received and/or reviewed the Travel Protection information provided by Golden Travel Services and I accept the purchase of Travel Protection through the supplier of my travel arrangements.
Date of purchase: _____
(Initial Here) _____

I have received and/or reviewed the Travel Protection information provided by Golden Travel Services and I elect to purchase Travel Protection from a different provider than the supplier of my travel arrangements.
Name of Provider _____ Date of purchase: _____
(Initial Here) _____

By signing below, I indicate that I have read, understand, and agree to the above. I further agree to hold harmless and waive any rights of recovery from Jana Nickerson Williams of Golden Travel Services, an Independent Travel Agent with America's Travel Companies Inc., America's Travel Companies Inc., and travel suppliers/providers for any damages or losses, whether actual or punitive including any penalties incurred from the travel supplier, as a result of my decision in purchasing travel protection. I understand that there are non-refundable expenses involved in the travel arrangements such as those in which I plan to participate. I understand that cancellation fees are charged by airlines, cruise lines, hotel and/or other service providers. I have reviewed and understood information noting the travel agency's and travel supplier's policies regarding trip cancellations and refunds. I further understand that trip cancellation/interruption, medical assistance/evacuation and lost, stolen or delayed baggage insurance is important coverage. If I choose to decline this valuable protection, I assume any financial loss associated with my travel arrangements.

Trip Description: _____ Supplier: _____ Travel Dates: _____

Traveler Name Printed: _____ Minor Yes No Signature _____ Date _____

Parent or Guardian for Minor (under age 21) listed above Name Printed: _____ Signature _____ Date _____

FOR AGENCY USE ONLY
Date Received _____ Agent Name Printed: _____ Signature _____



SINGLE USE CREDIT CARD AUTHORIZATION FORM

Dear Travel Customer:
Thank you for arranging your travel plans through our professional Independent Travel Agent.

This Credit Card Authorization form is required by America's Travel Companies for the purchase of travel by credit card. The purpose of the form is to protect you, the card holder, from fraudulent use of your card.

This is our "single use" authorization meaning that it will only be used for the travel and shipping you stipulate and only up to a maximum amount you authorize.

This authorization will not be used for any other charges including future travel or shipping. **In addition to this**

form we ask that you supply a photo copy (front and back) of your credit card and drivers license.

All information is confidential between your credit card issuer, your Independent Travel Agent, America's Travel Companies, Inc. and the travel suppliers involved in your itinerary.

If you should have any further questions regarding this policy, please ask your Independent Travel Agent to put you in touch with one of our reservation agents. We would be happy to answer any questions you may have.

America's Travel Companies, Inc.

CREDIT CARD AUTHORIZATION

I hereby authorize America's Travel Companies, Inc./Travel 2000 Network, Ltd. and/or their appointed travel suppliers and couriers to charge the card entered below, for the items I have initialed.

Please describe the travel you are authorizing these charges for:

I authorize travel fares and related taxes and surcharges up to an amount of US\$:

_____ _____
Amount Initial

I authorize shipping charges (usually FedEx) to deliver the travel documents for this booking in a safe manner:

Initial

CARD TYPE	CARD NUMBER	EXP. DATE	CVV2 CODE
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	NAME ON CARD		BILLING ADDRESS

CARD HOLDER SIGNATURE

SHIPPING ADDRESS	DAYTIME PHONE
	EVENING PHONE

Are you available to receive signature required deliveries 9am to 5pm Mon-Sat at this address? YES NO