Halloween Week 2015  
Departing from Miami on the Carnival Breeze on Oct 24th, 2015 and returning Nov. 1ST, 2015

Extravaganza Caribbean Cruise

Registration Form

Please make your selection(s).

|  |  |  |
| --- | --- | --- |
| **Pre-Cruise option** (T.B.A.) | **Cruise only option–Fill Category** | **Ex(otica) Event Pass** ($ 200.00 ) |
| Includes Cruise only option, 1 Night hotel stay in Miami (Oct. 23 rd), ground transfer from airport to Hotel, pre-cruise cocktail reception | Cruise prices include cabin, food, CCL entertainment, port charges and taxes.  Interior with full deposit \_\_\_\_\_\_\_\_  Ocean View \_\_\_\_\_\_\_\_\_\_\_\_  Balcony \_\_\_\_\_\_\_\_\_\_\_   Suite \_\_\_\_\_\_\_\_\_\_\_\_\_  *Please select your cabin.* | Privately held events catering to our LGBT guests, presented by Saunders Event and Travel Group.  *List of events to be announced. Special Event Pass rate for Ex(otica) guests only. Non-Ex(otica) guests pay more if available.* |
|  |  |  |

***Pre-Cruise and Cruise only prices are based on double occupancy.* Reservations require a $300.00 deposit whereas $50.00 is non-refundable. The final payment/balance is due on 08/05/2015.** **Cruise prices are subject to change prior to deposit. Airfare, Event Pass and gratuities are not included. Rates are subject to any cancellation penalties as outlined in the Terms and Conditions.** Single, Suites, Ocean view, triple or quad cabins must call for rates. Guests are responsible for increases imposed by Cruise Line for any additional fuel and additional taxes. All events and schedules are subject to change. To be eligible for Special Discounts, guests MUST provide their CCL Past Guest number or their Military DD214 number. Please note that this cruise is NOT LGBT EXCLUSIVE and that gay-friendly guests are welcome. Travel insurance is strongly suggested.

GUEST DETAILS

\* Required for registration. PLEASE PRINT.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title/First Name:\*** | | | | |  | | | | | | | | | **Last Name:\*** | | | |  | | | | | | | | |
| **Address:\*** | | |  | | | | | | | | | | | | | | | | | | | | | **Apt. #:** | |  |
| **City:\*** |  | | | | | | | | | | | | **State/Province:\*** | | | |  | | | | | **Zip Code:\*** | | |  | |
| **Email:\*** | |  | | | | | | | | **Telephone #:\*** | | | | **(** **)** | |  | | | **-** | | | | Textable? | | **Y**    **N** | |
| **Date of Birth** (MM/DD/YYYY)**:\*** | | | | **/** | | **/** |  | | **Gender:\*** | | **M**    **F** | | | | **CCL Past Guest #: Military DD214 #:** | | | | |  | | | | | | |
|  | | | | | | | | **Cabin Mate(s):** | | | |  | | | | | | | | | **If no cabin mate, ‘X’ here:** | | | | | |

EMERGENCY CONTACT INFORMATION

In the event of an emergency, please provide the name and contact number of the nearest relative or friend **NOT** traveling with you.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name:\*** |  | | | **Last Name:\*** |  | | | | |
| **Relationship:\*** | |  |  | **Telephone #:\*** | | **(** **)** |  | **-** |

1st Payment Amount

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cash:** | $ | **Check/Money Order:** | $ | **PayPal:** | $ | **Credit Card:** ♣ | $ |

♣ If preferred, credit card payments can be called in to Saunders Event and Travel @ 917-816-3577. Payments are handled by JS Marketing Group, Llc. Please check the **Promoter Partner that referred you**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ifalade Ta’shia Asanti** | **Michael Johnson** | **Pinky DewBerry Kennedy** | **Chaz Crowder** | **Sharon Toney** |
| **Eugene Simpson** | **Roderick Eddington** | **Lisa Mathis** | **James Saunders** | **Other** |

Thank you for registering for the **Extravaganza Caribbean Cruise**. All information provided herein will be handled confidentially.   
Mail or Email this form with your payment to the address below. By submitting this form with your signature you agree to the Terms and Conditions.

|  |  |  |
| --- | --- | --- |
| **Signature:** |  | **Travel Insurance? Y**    **N** |