

Group Name: Pastor George's Birthday Bash

Ship/Date/Destination: Freedom of the Seas sailing 9/19/2010

U.S. Citizens are REQUIRED to have a VALID PASSPORT. Remember to print names as they appear on your PASSPORT. For additional information about the new travel documentation regulations, visit www.travel.state.gov Non U.S. Citizens should check with their consulate, U.S. Embassy, and U.S. Immigration for travel requirements.

PASSENGER INFORMATION

(Use a form for each passenger paying separately. Please indicate "ROOMMATE" next to passengers submitting own form).

M/F	First	Last	DOB	Citizenship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

PREFERENCES

Choose Cabin Category: Interior Oceanview Balcony Suite Total Number of Passengers/Cabin _____
Cruise Line Airfare (includes roundtrip transfers): No Yes (If yes) Air Departure City _____
Cruise Only Airport Transfers: No Yes If yes, please provide air schedule with payment.
Special needs: _____ Special Occasion: _____
Dining Preference: Early Late Past Passenger No: _____

TRAVEL GUARD INSURANCE

INSURANCE DISCLOSURE: Travel Protection Insurance protects your valuable vacation investment in the event of sudden illness or death affecting you, your travel companions and/or immediate family members. You hereby acknowledge that you have been offered the Travel Protection Insurance and that if electing not to purchase the insurance that your vacation may be nonrefundable, in full or part, if you decide to cancel. **Cost of insurance is NONREFUNDABLE once purchased. NOTE FOR PRE-EXISTING CONDITION(S):** This clause is applicable to Trip Cancellations, Interruption, Emergency Medical & Dental and Emergency Medical Transportation. Policy may exclude coverage for those conditions that manifested themselves, became acute, or for which you are being treated or for which you received medical advice or treatment in the 60 days before the purchase of benefit.

NO I **DO NOT** want to purchase insurance
 YES I **DO** Want to purchase insurance with initial deposit. I understand that any pre-existing conditions **WILL** be covered. Rates are based on age and amount of coverage. \$_____/PP to be charged.
 YES I **DO** Want to purchase insurance at final payment. I understand that any pre-existing conditions **WILL NOT** be covered. Rates are based on age and amount of coverage. \$_____/PP to be charged.

Reservation forms received without being marked 'Yes' or 'No' will automatically default to 'No' as the answer.

PAYMENT INFORMATION / AUTO BILL (Major Credit Card Required)

Initial Deposit	Due Date: 5/15/2009	\$50.00 per cabin for double occupancy, no cabin assignment
triples, quads, and cabin assignments require		\$500.00 per cabin for triples, quads, assignments
Second deposit for double occupancy 9/29/2009		\$450.00 per cabin double occupancy
FINAL PAYMENT	Due Date: 7/3/2009	FINAL AUTO BILLED TO CREDIT CARD ON FILE

Penalty for cancellation begins:

CREDIT CARD AUTHORIZATION: I hereby authorize Global Travel International to charge my card, or submit directly to travel vendor for processing, in the amount below. I agree that I will pay the charge as agreed with my credit card company.

TOTAL Payment Authorization: _____ **Please provide delivery address if different from Billing Address. Documents are sent to a street address (no P.O. Box delivery)**
Credit Card #: _____
Expiration Date: _____
Cardholder's Name: _____ Name: _____
Cardholder's Signature: _____ Delivery Address: _____
Card Billing Address: _____ **Fax or Email form to ITA:**
C/O Tammy Roan , GROUP SALES AGENT
Home Phone: _____
Work Phone: _____ **GLOBAL TRAVEL INTERNATIONAL, 2600 LAKE LUCIEN DR,**
SUITE 201, MAITLAND, FL 32751
Cell Phone: _____ **FAX 866-251-0977**
Email: _____ Troan@gticorporate.com

PLEASE NOTE: GTI does not accept checks or money orders as form of payment.