



**CRUISE REGISTRATION FAX FORM**

FAX TO: (617) 298-7349

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

**Group Leader: KIQ Tours**

TRIP NAME: DOMINICAN REPUBLIC - ARUBA CONFIRMATION # \_\_\_\_\_ (IF APPLICABLE)

**Primary Traveler Name:**

NAME \_\_\_\_\_ TEL #: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Cabin Type: Inside Cabin

Ocean View Cabin

Balcony Cabin

Suite Cabin

Package Options: Air

Pre-Cruise Hotel

Post-Cruise Hotel

Gratuities

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 \_\_\_\_\_

Roommate #1 Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Citizenship \_\_\_\_\_ Air City \_\_\_\_\_

Roommate #2 Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Citizenship \_\_\_\_\_ Air City \_\_\_\_\_

Roommate #3 Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Citizenship \_\_\_\_\_ Air City \_\_\_\_\_

T-shirt Size: SM \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ 3X \_\_\_\_\_ 4X \_\_\_\_\_ 5X \_\_\_\_\_ 6X \_\_\_\_\_

Complete following section if you're adding amenities or upgrading cabin.

**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 \$ \_\_\_\_\_  Payment

Roommate #1 \_\_\_\_\_ AMT \$ \_\_\_\_\_  Payment

Roommate #2 \_\_\_\_\_ AMT \$ \_\_\_\_\_  Payment

Roommate #3 \_\_\_\_\_ AMT \$ \_\_\_\_\_  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: \_\_\_\_\_