

## GROUP REGISTRATION FORM

(PLEASE COMPLETE ONE FORM PER STATEROOM)

The Soulfunny Comedy Cruise

Travel Order # 6564676

### Stateroom Options

Indicate Room Type & Pricing

Dining: Early or Late (please circle)

Bedding: Two Twins or Double (please circle)

For Reservations Group Account Executive  
Lois Klein

Phone number 1-888-969-4768

Extension 55248

Fax to **407.551.1790**

#### LEAD PASSENGER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth\* \_\_\_/\_\_\_/\_\_\_ Phone \*( ) \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_ E-Mail\* \_\_\_\_\_ Insurance:  yes  no

Credit Card:  VISA  MC  AMEX  Discover

Amount to be charged:

Cardholder's Name:

Credit Card Number:

Expires:

#### 2ND PASSENGER:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth\* \_\_\_/\_\_\_/\_\_\_ Phone \*( ) \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_ E-Mail\* \_\_\_\_\_ Insurance:  yes  no

Credit Card:  VISA  MC  AMEX  Discover

Amount to be charged:

Cardholder's Name:

Credit Card Number:

Expires:

#### \*Information required to process reservation

Guests under the age of 21 MUST be accompanied an adult over the age of 25. Please speak with your Group Account Executive for further clarification.

Special needs requests must be presented at the time of deposit to ensure ample time to fulfill requests.

A Passport or Passport card is REQUIRED for any travel outside of the United States.

## GROUP REGISTRATION FORM (CONTINUED)

### 3RD PASSENGER:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth\* \_\_\_/\_\_\_/\_\_\_ Phone \*( ) \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_ E-Mail\* \_\_\_\_\_ Insurance:  yes  no

### PAYMENT OPTIONS:

**Fax to 407.551.1790**

Credit Card:  VISA  MC  AMEX  Discover

Amount to be charged:

Cardholder's Name:

Credit Card Number:

Expires:

### 4TH PASSENGER:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth\* \_\_\_/\_\_\_/\_\_\_ Phone \*( ) \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_ E-Mail\* \_\_\_\_\_ Insurance:  yes  no

Credit Card:  VISA  MC  AMEX  Discover

Amount to be charged:

Cardholder's Name:

Credit Card Number:

Expires: