

# **The Travel Store** *Accessing the World for You*

## **Travel Store Reservation Form For WGC Cruise**

Name:	Name:
Date of Birth:	Date of Birth:
Address:	Address:
City/State/Zip:	City/State/Zip:
Home phone:	Home phone:
Business phone:	Business phone:
Fax #:	Fax #:
Email Address:	Email Address:
Passport #:	Passport #:
Emergency contact and phone #:	
If not listed above, I will be sharing a cabin with:	

### **Dining Arrangements**

The group has been assigned Late Seating (8:15PM).

- I/We prefer Main Seating (6:15PM). Please request this change.

### **Pre and Post Stays**

I am interested in arriving early or staying in Tampa after the cruise as follows:

- 1 night pre-cruise stay       2 night pre-cruise stay  
 1 night post-cruise stay       2 night post-cruise stay

### **Insurance**

- I/We would like to include Travel Insurance. Please have a Travel Store Representative contact me.  
 I/We decline the purchase of insurance.

### **Cabin Selection**

Please reserve one cabin as indicated below on Carnival's Imagination sailing on September 17, 2009, for me/us:

- Category 12 (Suite)  
 Category 11 (Suite)  
 Category 6A (Outside cabin)  
 Category 4A (Inside cabin)

### **Form of Payment**

- I/We am enclosing a check for the amount of the deposit and insurance (if applicable).  
 I/We will pay our deposit by credit card:

Name as it appears on the credit card:	
Credit card #:	Expiration date:
Authorizing signature:	

- Please charge the 2<sup>nd</sup> deposit (if applicable) and my final payment to the card indicated above.
- I prefer to pay my 2<sup>nd</sup> deposit (if applicable) and final payment by check. Please bill me.

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**The Travel Store, 1102 West Kemper Rd., Cincinnati, OH 45240**  
**Fax # 513-851-3595                      513-851-5151                      800-826-5033**