

2009 School's Out Cruise

Passenger Registration Form

Please print your name exactly how it appears on your PASSPORT/PASSPORT CARD:

Mailing Address: _____

City: _____

State: _____ ZIP: _____

Day Phone: _____

Night Phone: _____

Your Email Address: _____

Do you have a valid passport/passport card that will not expire before November 2009? Yes No Applied For

Date of Birth: _____ Male Female

I would like to purchase the Optional Travel Protection Plan

Have you previously sailed with Carnival? Yes No
If so, please list your past guest number _____

Please list all medical conditions, dietary requirements and special preferences _____

I have read and understand all payment and cancellation policies and the Terms and Conditions of this travel booking. (please sign below)

Traveler's Signature: _____

Date

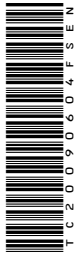
Please return this form along with your initial deposit of \$150.

School Name: _____

Thank you for choosing:



124 Savannah Avenue, Suite 1A, Statesboro, Georgia 30458
Phone: (912) 489-4040 Fax: (912) 489-4005
mail@burnsworldtravel.com



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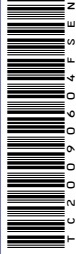
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