

Carousel of Freedom

RETURN THIS FORM WITH DEPOSIT **IMMEDIATELY** TO GUARANTEE YOUR RESERVATION!
PASSPORTS ARE NOT REQUIRED BUT HIGHLY RECOMMENDED.

PASSENGER ONE, INFORMATION AS LISTED ON PASSPORT

FIRST NAME: _____ LAST NAME: _____

PASSPORT # _____ ISSUE DATE: _____ EXPIRE DATE: _____

CITY, STATE, & COUNTRY OF ISSUANCE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____ RELATIONSHIP: _____

MEDICAL / DIETARY NEEDS: _____

ROOM SHARE WITH, INFORMATION AS LISTED ON PASSPORT

FIRST NAME: _____ LAST NAME: _____

PASSPORT # _____ ISSUE DATE: _____ EXPIRE DATE: _____

CITY, STATE, & COUNTRY OF ISSUANCE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____ RELATIONSHIP: _____

MEDICAL / DIETARY NEEDS: _____

ADDRESS: _____

CITY: _____

PHONE: _____ CELL: _____

EMAIL: _____

AIR SEAT REQUEST: PASSENGER ONE: AISLE MIDDLE WINDOW PASSENGER TWO: AISLE NEXT WINDOW
CIRCLE YOUR PREFERRED DEPARTURE CITY: COLUMBUS CINCINNATI CLEVELAND

PAYMENT INFORMATION

PLEASE MAKE CHECKS PAYABLE TO FAYETTE TRAVEL

OR PROVIDE YOUR CREDIT CARD INFORMATION AND SIGN BELOW

DEPOSIT INCLUDES \$50.00 PER PERSON NONREFUNDABLE RESERVATION FEE.

I AUTHORIZE FAYETTE TRAVEL CENTRE AND ROYAL CARIBBEAN CRUISE LINES TO CHARGE MY CREDIT CARD
THE AMOUNT BELOW AND AGREE TO PAY MY CREDIT CARD COMPANY FOR THESE CHARGES.

CREDIT CARD NUMBER: _____ SEC: _____ EXP: _____

PRINT NAME AS IT APPEARS ON CARD: _____

CARDHOLDER SIGNATURE _____

Deposit \$200.00 per cabin _____ (NUMBER OF PASSENGERS) = \$ _____

Insurance as listed _____ (NUMBER OF PASSENGERS) = \$ _____

(ALTHOUGH OPTIONAL, TRAVEL PROTECTION IS HIGHLY RECOMMENDED)

TOTAL DUE NOW = \$ _____

Final payment due December 09, 2011



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