

PARADISE VACATION AND TRAVEL CO., INC.
5725 MISTY HILL COVE
AUSTIN, TEXAS 78759
(512) 418-0290
www.pvt4u.com

2011 PEACE OFFICERS MEMORIAL FOUNDATION FUND RAISER CRUISE APPLICATION

PLEASE MAIL YOUR APPLICATION AND PAYMENTS TO: PARADISE VACATION AND TRAVEL CO., INC.
5725 MISTY HILL COVE, AUSTIN, TEXAS 78759 PHONE (512) 418-0290 - FAX (512) 418-0573
E-MAIL: PARADISE@AUSTIN.RR.COM with any questions or requests.

Initial deposit of \$100 per person (\$500 per person for suites cabins) is required by check or credit card. All account balances will be due in equal monthly payments between now and October 15, 2010 and noted on your invoice and statement.

Check One- ALL PAYMENTS TO BE MADE BY () CHECK or () CREDIT CARD

CREDIT CARD PAYMENT INFORMATION:

NAME ON THE CREDIT CARD: _____ SIGNATURE OF OWNER: _____

CREDIT CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

FULL LEGAL NAMES AS THEY APPEAR ON YOUR PASSPORT _____ ARE YOU U.S. CITIZENS ? YES _____ NO _____

(1) _____ M _____ F _____ DATE OF BIRTH: _____

(2) _____ M _____ F _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE # _____ WORK PHONE # _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE # _____

Paradise Vacation and Travel Co., Inc. is an agent only for its principals, the airlines, hotels, cruise operators, tour operators, motor coach operators and other suppliers of travel arrangements, accommodations, and entertainment services throughout the world, and, as an agent, is not and can not be held liable for any negligence or wrongful acts, errors, or omissions on the part of any such supplier of travel arrangements, accommodations, or services which may result in any Death, Damage, Loss, Injury, Delay or Inconvenience to you. Your purchase and retention of airline and/or cruise tickets or other travel documents from Paradise Vacation and Travel Co., Inc. or the use of reservations for travel accommodations procured from this agency constitutes an acknowledgement of and consent to the forgoing limitation of liability.

CHECK ONE (all rates are per person double occupancy –two people sharing one cabin):

INSIDE CABIN () 4B @ \$644 per person x 2 = \$1,288 double occupancy

OCEANVIEW (window) CABIN () 6B @ \$764 per person x 2 = \$1,528 double occupancy

BALCONY CABIN () 8B @ \$934 per person x 2 = \$1,868 double occupancy

SUITE () JS @ \$1,544 per person x 2 = \$3,088 double occupancy

PENTHOUSE SUITE () GS @ \$2,144 per person x 2 = \$4,288 double occupancy

3RD AND 4TH PASSENGER RATES WHEN SHARING A CABIN ARE AVAILABLE AT THE TIME OF BOOKING

[] I/WE WILL APPLY FOR TRAVEL INSURANCE PROTECTION [] I/WE DECLINE TRAVEL INSURANCE

ARE THERE ANY SPECIAL MEDICAL CONDITIONS, OR DIETARY NEEDS WE SHOULD BE MADE AWARE OF?
PLEASE LIST: _____

ARE YOU CRUISING WITH FRIENDS? IF SO PLEASE LIST NAMES: _____

SIGNATURE: _____ DATE: _____

Signature authorizes Paradise Vacation and Travel Co., Inc. to process credit card charges for all amounts when due. Additionally, by your signature above you agree that you understand the terms and conditions for notification in writing of any changes and or cancellations/penalties as well as your responsibility to have the proper travel documents and punctuality for scheduled sailings.