

2010 BRITISH ISLES CRUISE/TOUR 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.

DEPOSITS AS OUTLINED BY CATEGORY IS REQUIRED WITH THIS APPLICATION

- I ELECT TO MAKE ALL PAYMENTS BY CHECK AND RECEIVE A 3% DISCOUNT (applied to final payment)*
 I ELECT TO MAKE ALL PAYMENTS BY CREDIT CARD

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

CREDIT CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

- I WISH TO MAKE EQUAL MONTHLY PAYMENTS OF MY BALANCE DUE THROUGH APRIL 15, 2010
 I WISH TO MAKE 4 PAYMENTS OF MY BALANCE DUE BETWEEN NOW AND APRIL 15, 2010
 PAYING IN FULL

FULL LEGAL NAMES AS THEY APPEAR ON YOUR PASSPORTS. 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:

() INSIDE CABIN @ \$4,375 PER PERSON or () @ \$4,240 PER PERSON (3% CHECK DISCOUNT) *

() OCEANVIEW CABIN @ \$5,055 PER PERSON or @ \$4,900 PER PERSON (3% CHECK DISCOUNT)*

() BALCONY CABIN @ \$5,525 PER PERSON or @ \$5,360 PER PERSON (3% CHECK DISCOUNT)*

() MINI-SUITE CABIN @ \$6,265 PER PERSON or @ \$6,070 PER PERSON (3% CHECK DISCOUNT)*

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: _____

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 flights and scheduled sailings.

BRITISH ISLES CRUISE/TOUR JULY 14 to 29, 2010

CRUISE PERSONALIZER

United States and foreign governments require the advance reporting of passenger immigration information. To comply, passengers are required to provide complete and accurate information within 14 days of your reservation and no later than April 15, 2010. (If you currently do not have a valid Passport, then as soon as you receive one) Failing to provide this information will result in delayed check-in and, possibly, denied boarding. This immigration information is required for each passenger. The information entered below must be exactly as it appears on your Passport. Please attach a copy of your Passport and return the copy along with these forms to Paradise Vacation and Travel Co.

EXACT NAME AS IT APPEARS ON YOUR PASSPORT:

COUNTRY OF CITIZENSHIP: _____ **COUNTRY OF RESIDENCY:** _____

GENDER: _____ **DATE OF BIRTH:** _____ **HOME PHONE:** _____

COUNTRY OF BIRTH: _____ **CELL PHONE:** _____ **E MAIL:** _____

HOME ADDRESS: _____

(Do you have a Resident Alien Number?) Yes ___ No ___ If so what is it? _____

EMERGENCY CONTACT (not traveling with you):

FIRST and LAST NAME: _____ **CONTACT RELATIONSHIP:** _____

THEIR HOME ADDRESS: _____

DAY TIME PHONE #: _____ **NIGHT TIME PHONE #:** _____

CITIZENSHIP INFORMATION:

PASSPORT NUMBER: _____

COUNTRY OF ISSUANCE: _____ **ISSUING AUTHORITY:** _____

DATE OF ISSUE: _____ **DATE OR EXPIRATION:** _____

SHIPBOARD ACCOUNT (CREDIT CARD INFO FOR INCIDENTAL CHARGES):

CREDIT CARD HOLDER'S NAME: _____ **ARE YOU THE OWNER?** _____

CREDIT CARD #: _____ **EXPIRATION DATE:** _____

CRUISE PERSONALIZER (page #2):

MEDICAL CONDITIONS:

DOES ANY OF THE FOLLOWING APPLY?

WHEELCHAIR USED _____ **BLIND** _____ **HEARING IMPAIRED** _____

SCOOTER, CAN'T WALK OR STAND _____ **PREGNANT** _____

OXYGEN VIA TANK _____ **OXYGEN VIA CONCENTRATOR** _____

DIALYSIS _____ **INJECTABLE INSULIN** _____ **ALLERGIES** _____

PLEASE EXPLAIN IN DETAIL ANY YES ANSWERS: _____

OTHER: _____

DIETARY SPECIAL REQUIREMENTS:

We want to make sure your dining and stateroom experience is the best it can be aboard the Crown Princess. Please let us know if you require any of the following. I have special needs for:

VEGAN _____ **VEGETARIAN** _____ **LOW FAT / FAT FREE** _____

LOW SALT / LOW SODIUM _____ **LACTOSE INTOLERANT** _____ **KOSHER** _____

GLUTEN FREE _____ **LOW CHOLESTEROL** _____ **BABY FOOD** _____

HIGH CHAIR REQUIRED _____ **CHILDREN NOT DINING WITH PARENTS** _____ **CRIB** _____

PREFERRED DINING: FLEXIBLE "ANY TIME 5:30-9:30PM" _____

TRADITIONAL ASSIGNED SEATING AT EITHER 6:15PM _____ **OR 8:00PM** _____

SPECIAL OCCASIONS:

We want your special occasions to be memorable. If you have an event that is within 30 days prior to your cruise or 45 days after your cruise, lets celebrate it in style. Let us know the occasion, date on the cruise you would like to celebrate it and your name.

HONEYMOON _____ **BIRTHDAY** _____ **GRADUATION** _____

ANNIVERSARY _____ **RETIREMENT** _____ **OTHER** _____ **NONE** _____

PASSENGER NAME: _____ **DATE DURING THE CRUISE TO CELEBRATE:** _____

TRAVEL HISTORY:

NOT INCLUDING THIS CRUISE, I HAVE PREVIOUSLY CRUISED WITH PRINCESS _____

IF YES, PLEASE PROVIDE YOUR CAPTAIN'S CIRCLE NUMBER _____

HAVE YOU EVER CRUISED WITH:

CARNIVAL _____ **CELEBRITY** _____ **COSTA** _____ **CRYSTAL** _____ **CUNARD** _____ **DISNEY** _____

HOLLAND AMERICA _____ **NORWEGIAN** _____ **REGENCY** _____ **ROYAL CARIBBEAN** _____ **OTHER** _____

HOW LONG HAS IT BEEN SINCE YOUR LAST CRUISE? _____

NOT COUNTING THIS CRUISE, HOW MANY TIMES AND WHERE HAVE YOU CRUISED? _____

AFTER THIS CRUISE, WHERE WOULD YOU LIKE TO CRUISE TO NEXT? _____

SIGNATURE: _____ **DATE:** _____