

Carnival Cruise

Name _____

Conf. # _____

Address _____

City and Zip _____

Phone _____

Reservation Amount _____

Commission _____

My Portion _____

PMT Date _____

Email _____

Ship / Cabin Type _____

Dates Booked _____

Ship: _____

Check in: _____

Cabin Type: _____

Check out: _____

Port of Departure _____

Cruise Length _____

VIFP Member? _____

Dining _____

YES

NO

5:30

7:30

Anytime

Paid in Full By _____

Penalty Free Cancel Ends _____

Last Day to Add Travel Insurance _____

Last Day to Add Transfer _____

☐

✓ box when paid in full

☐

✓ box if purchased. Due 5 days before sailing

Special Needs _____

Room Credit Given _____

Gratuities _____

Travel Insurance _____

YES _____

NO _____

☐

YES

NO

POI

List disability if applicable

✓ box if prepaid

POI (planning on it)

All Attending (add birthdates, ages of children, and VIFP number if applicable)

Note: (desired room location / special needs such as handi cap bathroom)

Insurance \$ _____

Deposit \$ _____

Fax in requests: Diaper Disposal Playyard Bottle Serilizer Stroller Power Strip (special needs)

Carnival Log In Info:

Getting There Questions

Driving _____

Flying _____

Airline: _____

Conf #:

Flight # _____ from _____ to _____

Flight # _____ from _____ to _____

Takeoff _____ am pm | Landing _____ am pm

Takeoff _____ am pm | Landing _____ am pm

Dates on Calendar ☐

| Input in CRM ☐

| On Commission Log ☐

| New Client Emails Sent ☐

Email Logged ☐

| New Booking Mailer Sent ☐

| Special Needs Info Sent ☐

60 Day Out Mailer Sent ☐

| Room Gift Sent ☐

| Thank you Card Sent ☐