

**REGISTRATION & PAYMENT FOR – 14 DAY CARIBBEAN CRUISE – MAR. 04 to 17, 2022**

- ◆ I have read and agree to the Cancellation Policies on page #4 of the 4 page colour brochure. *Signature:* \_\_\_\_\_
- ◆ Please **PRINT** your *First & Last Name* **EXACTLY** as it appears on your **PASSPORT**. A **Valid Passport** is required. A government document **Photo I.D.** is required as well when re-boarding the 'Enchantment of the Seas' cruise ship at all ports of call, we recommend a valid Driver's License or Government Health Card with photo. **We will require a PHOTO COPY of the page in your PASSPORT with your picture on it to pre-register you with the cruise line.**

Mr. / Mrs. / Ms. (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age: \_\_\_\_\_

Mr. / Mrs. / Ms. (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

“**HOME PICK-UP**” ADDRESS: Same as above [ ] OR \_\_\_\_\_

**First Name(s) preferred on your 'Name Tag':** \_\_\_\_\_

**EMAIL ADDRESS (please print):** \_\_\_\_\_

*Previous 'Royal Caribbean' clients please indicate your 'Crown & Anchor' No. \_\_\_\_\_ & No. \_\_\_\_\_*

**Special Requirements:** Wheelchair for embarking & disembarking [ ] Other: \_\_\_\_\_

**BED CONFIGURATION:** - Twin [ ] Queen/King [ ] ~ **Hotel Room:** All Hotel Rooms are **NON-SMOKING**

**CRUISE SHIP STATEROOM:** Category: \_\_\_\_\_ Stateroom # \_\_\_\_\_ OR \_\_\_\_\_

**CRUISE DINNER SEATING TIME:** EARLY SEATING [ ] LATE SEATING [ ]

**IMPORTANT – PLEASE NOTE:** *Dinner seating is not guaranteed.* If you require a particular dinner seating for medical reasons, i.e. diabetic or medication with meals, please provide a Doctor's letter as soon as possible.

**DINNER TABLE SIZE:** Table for 2 – 4 – 6 or 8 ~ “With your bus group” or “separate from your bus group”

**TABLE SHARING NAMES:** \_\_\_\_\_

**PAYMENT INFORMATION – IF PAYMENT BY CHEQUE: MAKE PAYABLE TO: EXPEDIA CRUISES**

Full Price Per Person \$ \_\_\_\_\_ x \_\_\_\_\_ \$ \_\_\_\_\_

Deposit \$900 per person (Single Supplement x 2) \$ \_\_\_\_\_

All payments by cheque – Discount per person \$50. for each \$ \_\_\_\_\_

Payment in Full in place of deposit - \$100 Discount per person \$ \_\_\_\_\_

Pre-Presentation Deposit - \$100 Disc. P. P. or \$50 Disc. Deposit 48 hour Post-Presentation \$ \_\_\_\_\_

**BALANCE DUE – NOV. 03, 2021** \$ \_\_\_\_\_

**PAYMENT BY:** 'Personal Cheque' [ ] **OR** 'Credit Card'- Visa [ ] MasterCard [ ]

Credit Card # \_\_\_\_\_ Expired Date: \_\_\_\_\_

**PRINT NAME** exactly as it appears on the Credit Card: \_\_\_\_\_

**Signature of Card Holder: X** \_\_\_\_\_

Your signature above adheres you to all the rules and regulations that appears on a standard credit card purchase form.

Please indicate if you wish your **BALANCE PAID on NOV. 3<sup>rd</sup>** on the same Credit Card: **YES** [ ] **NO** [ ]

If answering 'YES' we will call to confirm this credit card payment just prior to your balance due date.

**If for some reason you can not be contacted, KINGSTON EXPEDIA CRUISES will process the balance on the above credit card indicated for the purpose of paying the balance.**

**'Shipboard Account' Pre-registration:** Cash [ ] **OR** Credit Card [ ] ~ Same Card as above [ ] Different Card [ ]

Card Name \_\_\_\_\_ Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Print Name as it appears on the Credit Card:** \_\_\_\_\_

**IMPORTANT: Please see reverse side for Travel Declaration & Travel Insurance information**

**OFFICE USE: Expedia Cruises Consultant:** \_\_\_\_\_ **City:** \_\_\_\_\_

**PLEASE READ CAREFULLY & COMPLETE DOCUMENT**

**PHYSICAL & MENTAL DECLARATION:** I / WE declare to be in good physical and mental condition to travel unassisted for the duration of the cruise tour purchased. Should these conditions change between now and the travel date, **Kingston Expedia Cruises** must be informed immediately. The agency does reserve the right to refuse passage.

Mr./Mrs./Ms. \_\_\_\_\_ Mr./Mrs./Ms. \_\_\_\_\_

**OPTIONAL TRAVEL INSURANCE - PLEASE READ CAREFULLY CANCELLATION / INTERRUPTION INSURANCE MUST BE PURCHASED OR DECLINED AT TIME OF NON-REFUNDABLE DEPOSIT TIME.**  
*If you are unsure of your current travel insurance coverage please check immediately. If you are fully covered please sign the waiver shown next. If you lack any or all of the Optional Travel Insurance coverage see below.*

I/WE DECLINE - Out of Province coverage [ ] and/or Cancellation & Interruption Ins. [ ]

Signature (s): Mr. / Mrs. / Ms. \_\_\_\_\_

Mr. / Mrs. / Ms. \_\_\_\_\_

**THE FOLLOWING IS A DESCRIPTION OF OPTIONAL TRAVEL INS. OFFERED:**

- ❖ **Deluxe Insurance:** Offers Out-Of-Province Medical Insurance & Cancellation / Interruption Ins. as well as Baggage & Personal Effects Ins. & Travel Accident Ins.
- ❖ **Non-Medical Insurance:** Offers Cancellation / Interruption Ins., Personal Effects Ins., Travel Accident Insurance. & Baggage Insurance. (This policy offers NO Out-Of-Province Medical Ins.)

**PRE-EXISTING CONDITIONS:**

*Please advise us of any pre-existing medical condition that you currently have and the length of time you have been stable (no medication change up or down). This information is required to determine your coverage.*

Name: \_\_\_\_\_ Condition( s): \_\_\_\_\_

Name: \_\_\_\_\_ Condition (s): \_\_\_\_\_

*If the above space is not sufficient please attach the additional information.*

**PLEASE SEE TRAVEL INSURANCE POLICY FOR FULL DETAILS.**

**REQUEST FOR AN INSURANCE QUOTE (with no obligation):**

1. DELUXE / ALL INCLUSIVE INS. package (out of province medical, cancellation/interruption insurance) [ ]
2. NON-MEDICAL INS. package. (*cancellation / interruption only*, no out of province medical coverage) [ ]

**Date(s) of Birth are required for a quote:**

Name: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**OFFICE USE ONLY: MANULIFE INSURANCE CO.**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Amount of Cruise Tour \$ \_\_\_\_\_ \$ \_\_\_\_\_

Premium calculation \_\_\_\_\_

CREDIT CARD [ ] \_\_\_\_\_

CHEQUE [ ] \_\_\_\_\_

**PERSONAL DATA SHEET (CONFIDENTIAL INFORMATION)**

**Cruise Tour Name: 14 DAY CARIBBEAN CRUISE – MAR. 04 to 17, 2022**

**PLEASE COMPLETE & RETURN TO ‘EXPEDIA CRUISES’ KINGSTON OFFICE AS SOON AS POSSIBLE.**

Providing the following information is completely voluntary and if submitted will remain confidential with EXPEDIA CRUISES. This information will only be shared with the appropriate people related to the information provided, e.g. medical and customs personnel as well as meal service related personnel.

**Please read the reverse side about confidentiality agreement.**

NAME(S): **MR.** \_\_\_\_\_ **MISS/MRS./MS.** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NO: HOME: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**NOTE: If additional space is required please provide this information on separate paper and check here [ ]**

**Do you have any health concerns that the escorts should be aware of? Please indicate person’s name & concerns.**

Mr. \_\_\_\_\_

Mrs./Ms. \_\_\_\_\_

**Are you carrying any prescription medication with you? (List below. If more room required provide on a separate sheet)**

Mr. \_\_\_\_\_

\_\_\_\_\_

Mrs./Ms. \_\_\_\_\_

**Do you have any special dietary requirement? (diabetic, low fat, low sodium, celiac etc.)** \_\_\_\_\_

Mr. \_\_\_\_\_ Mrs./Ms. \_\_\_\_\_

**Are you celebrating a Birthday, Anniversary or other ‘Special Occasion’ during this cruise tour?**

Please specify the event: \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs./Ms. \_\_\_\_\_

**Client Insurance Co.:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Expedia Cruises Ins. Co.** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Emergency Contact Person:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone No. and /or email: \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT**  
**CLIENT CONSENT FORM**

On January 1st, 2004 the third phase of the Personal Information Protection and Electronic Documents Act (PPEDA) came into effect. This Act governs information collected as part of commercial activity by any private sector organization. It states that information must be gathered with consent, collected for a reasonable purpose, used for the limited purposes for which it was gathered, be accurate, be open for the owner's inspection and correction, and stored securely. KINGSTON EXPEDIA CRUISES already maintains a high level of security with respect to the confidentiality of your records but we are now obligated by law to advise and obtain consent to the terms of the collection, distribution and storage of your data.

**Confidentiality Agreement**

With regard to the provisions of the Privacy Act, I hereby give my permission for KINGSTON EXPEDIA CRUISES to maintain personal information already on file, and to collect further information for the purpose of contacting me by mail, fax, telephone, and /or e-mail with relevant information and other services that KINGSTON EXPEDIA CRUISES may offer.

Please note that the Guide for Business and Organizations to Canada's Personal Information Protection and electronic Documents Act may be downloaded at [www.privcom.qc.ca/information/guide\\_e.asp](http://www.privcom.qc.ca/information/guide_e.asp)

Also, a sample of a Private Policy can be found on the CITC website under Main links at [www.citc.ca](http://www.citc.ca) or on the ACTA website at [www.acta.ca](http://www.acta.ca)

**Important note:** As of December 31, 2003 persons who have completed the Canadian Immigration process and have permanent Resident Status but are not Canadian Citizens (and therefore do not carry a Canadian Passport) must carry a "Permanent Resident" card ("PR Card"). This identification card costs \$50.00 and takes at least 60 days processing time. If anyone is carrying a passport of a nationality other than Canada you are required to let us know immediately.

\_\_\_\_\_  
Signature, Passenger #1

\_\_\_\_\_  
Signature, Passenger #2

**KINGSTON EXPEDIA CRUISES**

\_\_\_\_\_  
**Date**

# Pre-Boarding Check-in Authorization

Please complete this form and return the signed copy to the office by postal mail, email or to the fax number at the bottom of the page.

I hereby authorize Expedia Cruises to act on my behalf to complete the pre-boarding information required by the cruise lines prior to travel. I acknowledge that the service is provided as a courtesy by Expedia Cruises at my request. I understand that I may review the information submitted to the cruise line at any time via the cruise line's website. I also acknowledge that it is my responsibility to confirm the accuracy of the information and to read and comply with all terms of the cruise line's passenger contract. I hereby release Expedia Cruises from any responsibility for any errors or omissions that may occur in providing this service.

Cruise Line: \_\_\_\_\_ Ship: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Cruise Line Reservations #: \_\_\_\_\_

Information to be Completed for all travellers listed below: (Please check box and initial beside box)

- \_\_\_\_\_ Legal Name, Citizenship, Date of Birth, Passport # and expiry date, home address.
- \_\_\_\_\_ Emergency contact name and phone number
- \_\_\_\_\_ Creation of onboard account using the credit card information I have provided
- \_\_\_\_\_ Acceptance of the terms of the cruise line's Passenger Contract on my behalf

\_\_\_\_\_  
Traveller #1 Print First Name & Last Name

\_\_\_\_\_  
Signature of Traveller #1

\_\_\_\_\_  
Traveller #2 Print First Name & Last Name

\_\_\_\_\_  
Signature of Traveller #2 or parent/guardian if a minor

\_\_\_\_\_  
Traveller #3 Print First Name & Last Name

\_\_\_\_\_  
Signature of Traveller #3 or parent/guardian if a minor

\_\_\_\_\_  
Traveller #4 Print First Name & Last Name

\_\_\_\_\_  
Signature of Traveller #4 or parent/guardian if a minor

\_\_\_\_\_  
Internal Use Only

Consultant Name: \_\_\_\_\_ CTO#: \_\_\_\_\_

# CLIENT INCENTIVE PROGRAM

**\$\$\$ REFERRAL REWARDS FOR YOU \$\$\$**

We would like to provide our clients with an opportunity to be rewarded when they share any of our cruise tour information and a booking results from this sharing. Should a "friend, relative or neighbour" that you refer to us book any of our cruise tours, they and you will receive \$50 in the form of a shipboard credit per person or a cheque for \$50 per person if you are not booked on the cruise tour that the newly booked client is going on.

This is a win / win offer. To qualify, this newly booked person(s) name must not be currently on our database; therefore they would be a "new client" to our group cruise tour programs.

## HOW DO YOU START?

Should you speak with someone about our cruise tours and they are interested in further information, then ask them if they would like to receive our 4 page colour brochure, with no obligation, to consider one of our current cruise tour. Explain that if they book they will receive a shipboard credit of \$50 as a "New Client" of Senior Cruise Tours. Simply fill out the form below and send it to us right away. If you have more than one person or couple please write the information on a separate piece of paper and send it along as well. If you wish to participate start now and we will confirm receipt of any referrals with you. Please return the form below to our office.

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Name of Cruise Tour: \_\_\_\_\_

Date of Cruise Tour: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ P.C. \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I wish to participate in your CLIENT INCENTIVE "REFERRAL PROGRAM". I have indicated below the person(s) name, address and phone number that I have talked to or passed along a brochure to. Could you please contact them for me and provide the further details. I understand that I and they will receive a \$50 shipboard credit per person or if I am not booked on the above named cruise tour I would receive a \$50 cheque. They must be booked and fully paid for this cruise tour to receive this reward. I understand that they must not be currently listed on our database.

Referral Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_