

Carnival Miracle Feb 7th, 2011

Reservation Form:

Please complete and return with your deposit to:

SS Travel Corp, 649 W Doerr Path, Hernando, FL. 34442

-or-

FAX: (352)746-6574

Personal Data

NAME: _____ DOB/AGE: _____

NAME: _____ DOB/AGE: _____

NOTE: Must be legal name as it is in your passport! You MUST have a valid Passport!

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

NEED AIR FROM: _____ SECOND CHOICE: _____

INSURANCE: YES - NO

Cabin Choice

Inside: _____ Balcony: _____

Are there any special needs or disabilities? _____

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ 3 Digit Code: _____

**Your deposit of \$350.00 per person is
required with this registration.**

YOU MUST HAVE A VALID PASSPORT