

Barrow County Builders Association Cruise Information Form

– Please fill out form in its entirety –

The booking cannot be completed without all of the information

When complete, please email to: WinderAT@gmail.com, Thank you.

1st passenger:

Legal Name as it appears on passport: _____

Date of birth: _____

Legal Address: _____ City: _____

State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____

Email: _____

2nd Passenger:

Legal Name as it appears on passport: _____

Date of birth: _____

Legal Address: _____ City: _____

State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____

Email: _____

Any Physical disabilities: No/Yes Please describe type of room need for disability

Dietary restrictions: No/Yes Please describe any restrictions: _____

Payment Information: Credit/ Debit CC#: _____

Date of Expiration: _____

Name on Card: _____

Billing Address of CC: _____

City: _____ State: _____ Zip: _____

Deposit of 150.00 per person will be charged to this card and all guidelines for Carnival will be followed for deposits and refunds.

The first deposit will be charged on or before March 14, 2015