



REGISTRATION FORM

Please Print Clearly! Inaccurate information will result in travel delays and/or airline change fees

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[] I attest that the names(s) provided below, including middle name, is as it appears on the passport and understand that costly name change fees will be incurred if incorrect.

Registration form table with columns for 1st and 2nd guest details including Name, Middle Name, Last Name, Birth Date, Phone #, Passport #, Issuing Country, Issue Date, Expiration Date, Street Address, City, State, Zip Code, Email, Airline Seat, Emergency Contact Person, and Insurance options.

Referred by:
Hotel Room: [] Standard Room [] Partial Ocean view [] Full Ocean view
Cruise Cabin: [] Single [] Double [] Twin 2 beds, 2 people [] Triple, 3 beds
Cruise Cabin: [] Interior [] Ocean view [] Balcony [] Jr Suite
Name of Roommate(s), if on separate form
Extra charge for single room

Highly recommended that all Travelers invest in travel insurance. For insurance quote, please call. Medicare/Medicaid does not cover healthcare costs outside the US. Trip cancellation insurance covers your trip cost illness, injury, baggage lost/delayed, emergency medical & dental, evacuation, hospital, doctor, etc.

Final Documents will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office. The responsibility of Carol James Travel as agents and protector for their clients' rights in making arrangements for the airlines, hotels, cruises, or any services in connection with the trip and assumes NO liability whatsoever for injury, damage, loss, luggage, accidents, delay irregularity which may be occasioned either by reason or defect, through the acts of GOD, dangerous incidents in the air, sea, land, breakdown of machinery or equipment, acts of government or other authorities, wars, whether declared or not, hostilities, civil disturbances, strikes, riots, theft, epidemics, quarantines, medical or customs regulations, or from any loss or damage resulting from improper passports, visas, other documents, and for loss or additional expenses due to delay or changes in schedule or other causes.

Signature Required _____ Date:_____
2nd Signature _____ Date:_____