

**CAVERS 2006 TO#5204115
REGISTRATION FORM
****ONE FORM PER CABIN******

SHIP: MIRACLE

DATE OF SAILING: FEBRUARY 12, 2006

1st PASSENGER: _____ BIRTHDATE _____
(Please give legal name)

2nd PASSENGER: _____ BIRTHDATE _____

E-MAIL _____

ADDRESS: _____
(LIST STREET ADDRESS AS TICKETS NOT DELIVERABLE TO P.O. BOX)

CITY: _____ STATE: _____ ZIP: _____

HOME PH.: (____)____-____ WORK: (____)____-____

DINING EARLY XXX LATE _____

CATEGORY (Circle one) INSIDE 4A 4B * OCEAN VIEW 6A BALCONY 8A 8B 8D

*The Carnival Miracle is 80 percent balcony cabins, inside cabins are minimal and will be assigned on a first/come serve basis

DEPOSIT AMOUNT

ENCLOSED: _____ TRAVEL INSURANCE: YES ___ NO ___
(Make checks payable to Cruises Only)

VISA/MASTER CHARGE/DISCOVER/AMERICAN EXPRESS

CREDIT CARD # _____

NAME ON CARD _____ EXP. DATE _____

I authorize Carnival to use this credit card for payment toward the sailing referenced above:

SIGNATURE OF CARDHOLDER

MAIL CHECK TO: WALTER SCHAFFRICK
CRUISES ONLY
1011 EAST COLONIAL DR
ORLANDO, FL 32803
OR FAX CREDIT CARD REGISTRATION TO 407-894-5675

BOOK EARLY FOR BEST AVAILABILITY!!!

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