

# Rovia Cruise Group Booking Form

Rovia Referring Travel Agent Information	
Full Name (Last, First) <u>ROSENFELD, ELIJAH</u>	Representative ID#: <u>883077</u>
RTA website address (URL): <u>www.PoorCowboy.com</u>	Phone:

Traveler Information	
Full Name (Last, First, Middle) Note: Name must match passport exactly for international travel.	Date of Birth (MM/DD/YY) (must be 18):
Address (NO P.O. Box):	Address 2:
City:	State: Zip:
Phone:	Mobile:
Group Leader Name (required): <u>ELIJAH ROSENFELD</u>	
Email:	Travel Insurance: Yes ___ No ___
	Prepaid Gratuities: Yes ___ No ___
	Roundtrip Transfers: Yes ___ No ___

Trip Information:  
 Trip Name/Destination: WESTERN CARIBBEAN DEAF CRUISE Dates: 9-12-10 to 9-20-10  
 Cabin Type: Inside \_\_\_ Oceanview \_\_\_ Balcony \_\_\_ Suite \_\_\_  
 Your Departure City: Gavelston State: TX Zip: \_\_\_\_\_

Traveler(s) (spouse, partner, children or others sharing accommodations): Name (Last, First)	Date of Birth (MM/DD/YY)	Price
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Roommate(s): \_\_\_\_\_

Payment	Card Type: <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> AMEX
	Trip Cost: _____ Number of Travelers: _____ Amount to charge today: _____
	Name on Card: _____ Credit Card#: _____
	Exp. Date: ____/____/____ 3-Digit CV2 Code: _____ Billing Phone Number: _____
	Billing Address: _____
	City: _____ State: _____ Zip: _____
Authorized Signature: _____ Date: _____	

I understand that all sales are final. Once payment is applied to booking, penalties may apply. There is a \$30 per person cancellation fee in addition to any penalties or fees assessed by the vendor/supplier used by Rovia. Cancellation deadlines and refund policies are determined by the travel supplier/vendor. I will be informed of such policies by Rovia at the time of booking. I authorize Rovia, LLC to charge my credit card identified above for all orders selected above. Complete form and Fax to: 972.805.5222.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only

FAX TO: Cynthia Russell at 1.972.805.5222