

IMPORTANT • RETURN THIS FORM TO YOUR TRAVEL PLANNER 90 DAYS PRIOR TO SAILING • IMPORTANT

FORM DUE WITH FINAL
DEPOSIT 90 DAYS
PRIOR TO SAILING
PLEASE PRINT LEGIBLY

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CARNIVAL CRUISE GROUP ARRIVAL INFORMATION

GROUP NAME: _____

GROUP LEADER'S NAME: _____

DATE OF CRUISE: _____ SHIP NAME: _____

PORT OF: _____

CONTACT CELL PHONE: _____ (WHILE TRAVELING TO PORT)

**If the group has scheduled their own transportation,
please provide us your method of arrival to the Port:**

AIRLINE

Airline: _____

Last Flight No: _____

Airport: _____

Scheduled Arrival Time: _____ AM PM

LOCAL TRANSFERS TO THE PORT

Bus Company Name: _____

Scheduled Pick-Up Time: _____

Scheduled Arrival Time to Port: _____ AM PM

MOTORCOACH

Bus Company Name: _____

Scheduled Arrival Time to Port: _____ AM PM

OTHER

Arrival Method: _____

Scheduled Time of Arrival: _____ AM PM



• IMPORTANT NOTICE •
THIS FORM DUE WITH FINAL DEPOSIT 90 DAYS PRIOR TO SAILING
AND MUST BE COMPLETED AND RETURNED TO OUR OFFICE
WITH YOUR FINAL BALANCE AND ACKNOWLEDGMENT FORMS