



CARNIVAL CRUISE

* GROUP ARRIVAL INFORMATION *

VERY IMPORTANT!! This form must be completed and returned to our office with your final payment and acknowledgement forms....

Group Name: _____

Director/ Advisor Name: _____

Date of Cruise: _____ Port Of: _____

Contact Phone/Beeper Number 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#: _____ Airport: _____
Scheduled Arrival Time: _____

LOCAL TRANSFERS TO THE PORT:

Bus Company Name: _____ Scheduled Pick-Up Time: _____
Scheduled Arrival Time to Port: _____

MOTORCOACH:

Bus Company Name: _____
Scheduled Arrival Time to Port: _____

OTHER:

Arrival Method: _____
Scheduled Time of Arrival: _____

* * * * *



(If Applicable) Based on the *Performance Information Sheet* provided, please include below specific information on what is being brought onboard ship for performance purposes:
