Carnival Cruise Lines Group Rooming List and Payment Allocation Form

Group Booking Number: _____ Ship: _____ Sailing Date: _____ ☐ Preliminary List ☐ Final List * Please Fax form to (305) 406-8654

Guest Cabin Information													Guest Payment Information		
Cabin Type or Cabin #	**Legal Last Name**	**Legal First Name**	**Title**	**D.O.B.**	**CCL AirCity**	**Citizenship**	**U.S. Resident: Y/N**	**Vacation Protection Plan: Y/N**	**Pre-Paid Grats: Y/N**	**Dining Preference**	****Guest Phone number**	**Package**	**Cash Payment**	**Credit Card Payment**	**Is Carholder Sailing: Y/N**
										Early 1st □ 2nd □ Late 1st □ 2nd □		□ Pre _____ □ Post _____			