



2010 Intent to Cruise Agreement

Payment Authorization:

I, _____, authorize Travel Leaders to charge my credit card, # _____ exp. ____/____ Security code _____ in the amount of \$ _____, (see deposit amounts listed below) for the initial deposit on the **2010 March Barefoot Cruise**. I understand each month an additional \$ _____ (minimum of \$100.00) will be charged until the balance required by Carnival is paid in full. Please indicate which cabin you would like held. (Prices listed are per person based on double occupancy):

_____ **Inside 4B \$699.00 /** _____ **Ocean View 6B \$799.00 /** _____ **Balcony 8B \$999.00 /** _____ **Balcony Suite 11 \$1,649.00 US**
\$100.00 initial deposit \$100.00 initial deposit \$200.00 initial deposit \$400.00 initial deposit

Gratuities, port charges and taxes are included in this price.

Priority Stateroom Assignment:

This feature allows the selection of the best possible stateroom, starting from the mid ship. When your total combined monthly payments equal \$500.00 US, your Priority Stateroom Assignment will be chosen. **If you desire Priority Placement now, please indicate yes and your initial deposit will be changed to equal \$500.00. Yes _____ No _____** Note: All Suites Receive Priority Placement

Cancellation Policy:

I understand that all **cruise payments are 100% refundable**, with no cancellation fee, if notice is received in writing by Travel Leaders **prior to January 4, 2010**. If no cancellation is requested prior to this date, I authorize Travel Leaders to charge the balance due, after deducting all payments made on the above credit card.

Hold Two Extra Cabins:

You can secure up to two additional cabins in each category for someone in your team by agreeing to an additional 1 time deposit of \$100.00. **These cabins will then be held for you to assign a member of your team until December 1st, 2009**, when the names and a total deposit of \$500 per cabin is required. If no name and balance of the deposit is provided, 100% of your deposit will be refunded and the cabin(s) released back to us. Please indicate below which type of cabin(s) and how many in each category.

_____ **Inside 4B \$699.00 /** _____ **Ocean View 6B \$799.00 /** _____ **Balcony 8B \$999.00 /** _____
\$100.00 initial deposit \$100.00 initial deposit \$200.00 initial deposit

Please **print** the name, as it appears on your credit card and the billing address:

Name: _____ Isagenix ID# _____ Date: _____
Address: _____ Signed: _____

Note: A copy of this agreement along with a Cruise Information Packet will be mailed to you after registration of your information.

Pre-Cruise Information

1. Legal Name: _____ Birth Date: _____ Phone: _____
(Name as it is listed on your PASSPORT)

Mailing Address: _____
Street City St Zip/Postal Code
E-Mail Address: _____ (required – Carnival will be issuing electronic documents)

2. Legal Name: _____ Birth Date: _____ Phone: _____
(Name as it is listed on your PASSPORT)

Mailing Address: _____
Street City St Zip/Postal Code
E-Mail Address: _____ (required – Carnival will be issuing electronic documents)

Note: Passports are required for all passengers