



GDS TRAVEL SOLUTIONS

CONSIDER YOURSELF THERE!

SYMPHONY OF THE SEAS – APRIL 25 – MAY 2, 2020

PLEASE PRINT LEGIBLY COMPLETING ALL PAGES | COMPLETED FORM MAY BE MAILED, SCANNED & EMAILED OR FAXED

**TSA AND THE DEPARTMENT OF HOMELAND SECURITY REQUIRE THAT THIS DEMOGRAPHIC INFORMATION BE INCLUDED. PLEASE COMPLETE IN FULL TO AVOID FURTHER SCRUTINY, BOARDING DENIALS, OR CHECK-IN DELAYS.
EACH TRAVELER MUST COMPLETE THE ENTIRE FORM
PARENT OR GUARDIAN MUST COMPLETE FOR MINORS**

PERSONAL INFORMATION – PLEASE ENTER NAME AS IT APPEARS ON YOUR PASSPORT

PRIMARY CABIN MEMBER

Last Name	First Name	Middle	Birthdate	Gender
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	E-mail Address			

TRAVEL COMPANION/ROOMMATE

Last Name	First Name	Middle	Birthdate	Gender

ADDITIONAL REQUESTS /GUESTS WITH SPECIAL NEEDS

Please use this area to indicate any additional needs you may have. For example, if you'd like to stay in Miami before or after the cruise and would like hotel, air, car, attraction details, enter them here. Please be sure to include applicable dates and constraints. You will be contacted via email for additional information. If you require special assistance, such as wheelchair, special dietary needs, cribs, etc. please provide full details with this form, indicating the type of assistance needed so Royal Caribbean can try to accommodate them. Please note that special accommodations may have additional costs associated with them.

EMERGENCY CONTACT INFORMATION

Name:	Phone:	Relationship:
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CRUISE ITINERARY – SYMPHONY OF THE SEA | APRIL 25 – MAY 2, 2020

SATURDAY APRIL 25, 2020 DEPART PORT OF MIAMI 4:30 PM	WEDNESDAY APRIL 29, 2020 COZUMEL 7:00 AM - 6:00 PM
SUNDAY APRIL 26, 2020 CRUISING	THURSDAY APRIL 30, 2010 CRUISING
MONDAY APRIL 27, 2020 ROATAN, HONDURAS 9:30 AM - 6:00 PM	FRIDAY MAY 1, 2020 PERFECT DAY AT COCO CAY 8:00 AM - 5:00 PM
TUESDAY APRIL 28, 2020 PUERTO COSTA MAYA 8:00 AM - 5:00 PM	SATURDAY MAY 2, 2020 RETURN PORT OF MIAMI 6:00 AM

PORT TRAVEL PLANS

Airport Departure City:	Anticipated Date of Arrival:
Method of Travel (select one):	<input type="checkbox"/> Plane <input type="checkbox"/> Train <input type="checkbox"/> Automobile <input type="checkbox"/> Other (Please specify)

INDEPENDENT AIR TRAVEL DETAILS

I would like assistance with booking flights or information on group air options, please contact me with pricing:	Departure City: _____
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I understand that air plans must be paid for and confirmed no later than 21 days (April 4, 2020) prior to departure. Travel documents will not be released and transfers can't be confirmed until this information is provided to GDS Travel Solutions. INITIAL



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STATEROOMS

Pricing (per person) based on double occupancy. Pricing includes cruise rate, taxes and service fees, prepaid gratuities, and port charges. Triple and quad occupancy rates available upon request.

SELECT	CABIN TYPE	COST					
<input type="checkbox"/>	INSIDE CABIN	\$1,053	DELUXE BEVERAGE ADD-ON <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">SELECT</th> <th style="width: 50%;">COST</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>\$445</td> </tr> </tbody> </table> <p>Remember, all adults sharing the same cabin must add the package. Add \$25 per person to the initial deposit.</p>	SELECT	COST	<input type="checkbox"/>	\$445
SELECT	COST						
<input type="checkbox"/>	\$445						
<input type="checkbox"/>	OCEANVIEW CABIN	\$1,123					
<input type="checkbox"/>	BALCONY CABIN	\$1,193					

Bedding Configuration (Select One) ONE BED TWO SINGLE BEDS

TRAVEL INSURANCE

<p>Travel insurance is strongly recommended by GDS Travel Solutions to protect clients from certain situations that could cause this trip to be cancelled, supplier bankruptcy/default, interrupted, and/or delayed resulting in a loss of time and money for incurred expenses due to baggage loss, medical expenses, and even emergency air transportation</p>	<table border="1"> <thead> <tr> <th style="width: 20%;">SELECT</th> <th style="width: 80%;">OPTION</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>I DECLINE TRAVEL INSURANCE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>I ACCEPT TRAVEL INSURANCE AND HAVE INCLUDED IT WITH MY DEPOSIT – \$89 PER PERSON</td> </tr> </tbody> </table>	SELECT	OPTION	<input type="checkbox"/>	I DECLINE TRAVEL INSURANCE	<input type="checkbox"/>	I ACCEPT TRAVEL INSURANCE AND HAVE INCLUDED IT WITH MY DEPOSIT – \$89 PER PERSON
SELECT	OPTION						
<input type="checkbox"/>	I DECLINE TRAVEL INSURANCE						
<input type="checkbox"/>	I ACCEPT TRAVEL INSURANCE AND HAVE INCLUDED IT WITH MY DEPOSIT – \$89 PER PERSON						

Total Trip Price Due	\$
Cruise + Insurance (if accepted) + Deluxe Beverage (if added)	
TOTAL AMOUNT BEING PAID TODAY	\$
Cruise Deposit + Insurance (if accepted) + Deluxe Beverage (If added)	

METHOD OF PAYMENT (CIRCLE ONE)

CHECK | MONEY ORDER | CASHIERS CHECK | CREDIT CARD | CASH APP/GOOGLE PAY | E-INVOICE

Please make all checks/money orders payable to:
GDS Travel Solutions | 29155 Northwestern Hwy #689 | Southfield, MI 48076

Return Check Policy: All returned checks will receive a \$30 NSF fee and a \$10 late fee. If NSF amount and outstanding payment is not received within three (3) days of acknowledgement, booking will be canceled without notice. These fees and the cancellation fees in effect at the time of the cancellation resulting from the returned check will be deducted from any monies to be returned. If one payment is returned further payments will be made by credit card or money order ONLY and NO further checks will be accepted. INITIAL _____

CREDIT CARD AUTHORIZATION

VISA | MASTERCARD | DISCOVER | AMERICAN EXPRESS

Name As it appears on Card (ONLY PRINT): _____



Credit Card Number: _____

3 or 4 Digit (AMEX) Security Code: _____	Billing Zip: _____	Expiration Date: _____
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Total Amount Being Charged: \$ _____

Credit Card Authorization: By signing this form, I certify that I am the cardholder or an authorized user of the card. I also agree to pay above total as outlined in my card issuer agreement and do not hold GDS Travel Solutions liable for any errors or omissions that are outside of the agency's control. I am also aware that a 4% payment convenience fee will be added to the amount of the transaction. **The fee is non-refundable.** GDS Travel Solutions takes privacy extremely seriously and does what is necessary to follow all government regulations and guidelines as it pertains to securing your information.

_____	_____
Printed Name	Signature & Date



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PLEASE READ CAREFULLY AND INITIAL ALL DISCLOSURES

PAYMENT / CANCELLATION POLICIES

The initial down payment of \$50.00 plus options is now due. The balance will be divided into equal monthly payments and is due by the 15th of each month, with the final payment due by January 15, 2020. All amounts are per person. Once the initial deposit made, the cancellation policy is as follows:

CANCELLATION POLICY

DAYS PRIOR TO DEPARTURE	DATES	CANCELLATION CHARGE PER GUEST
UP TO 150 DAYS PRIOR TO DEPARTURE	ON OR BEFORE NOVEMBER 29, 2019	INITIAL DEPOSIT & 100% OF AIR PORTION
149 DAYS - 101 DAYS PRIOR TO DEPARTURE	NOVEMBER 30, 2019 – JANUARY 15, 2020	50% OF TOTAL CRUISE FARE & 100% OF AIR
LESS THAN 101 DAYS PRIOR TO DEPARTURE	AFTER JANUARY 15, 2020	100% OF TOTAL CRUISE FARE/AIR (NO REFUND)

I understand the cancellation/amendment policies of the vendor's travel program that I have purchased. In addition, I understand the fees that will be assessed per person as a result of any changes/cancellation of this transaction. I understand that in the event the cancellation fees are greater than the amount paid at the point of cancellation, I am still liable for the cancellation fees. I also understand that my cancellation also impacts my roommate's reservation. I acknowledge that I have received the details of the cancellation fees associated with this itinerary on page three of the trip payment form. I agree to pay all charges, fees, or penalties, and hereby hold GDS Travel Solutions free of any claims made as a result of the changes/cancellation of this travel reservation. INITIAL

CHANGES IN OCCUPANCY

Cancellations of a person or persons in a package that involve a change in stateroom configuration or category (for example from double occupancy to single occupancy, from ocean view to a balcony) are subject to rates in effect at the time cancellation is made. If the change is made after November 29, 2019, a \$75 change fee will be implemented, in addition to the difference in pricing. INITIAL

NAME CHANGES

A \$75 name change fee applies to all reservations, if a roommate is changed after November 29, 2019. This fee is in addition to any cancellation policies incurred by the roommate that cancels. If a roommate cancels, and a replacement can't be found the reservation will be rebooked and subject to rates based on the remaining occupant(s) in effect at the time cancellation is made. Only one name change per cabin is allowed. INITIAL

CITIZENSHIP REQUIREMENTS

This is a closed loop cruise and although a passport is not required for this itinerary, a passport card, enhanced driver's license or a passport book is strongly recommended. If you do not have any of these items, you must present a valid driver's license AND a valid/certified birth certificate. Only a birth certificate is required for children under 16 if traveling with a parent. You will be denied boarding if you do not have the correct proof of citizenship documents. GDS Travel Solutions will not be held liable for any issue regarding boarding denial. See attached explanation. Your initials indicate that you have read and understand this requirement. Initial

MISSED EMBARKATION DISCLOSURE

The ship departs at 4:30 pm. Not 4:35, 5:17 or 5:26pm. You must check in on the vessel at least 90 minutes prior to departure. You understand that if you miss the embarkation you will be responsible for making arrangements and paying any additional fees incurred to meet the cruise at the first port of call. you understand that these costs may not be reimbursed. I will call the Royal Caribbean Travel Hotline as soon as I become aware that you may miss the embarkation at (800) 256-6649 for immediate assistance. Initial

MONTHLY PAYMENTS/TRIP CANCELLATION

This vacation is designed to allow for flexible monthly payments. Monthly payments are due on the 15th of each month. If two months have passed without payment or communication, an initial notice of cancellation will be sent. If no communication or payment is made after the initial notice, the reservation will be cancelled. The cancellation policy in effect at that time will be applied. This may cause financial impact to remaining cabin mate(s). Initial



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CANCELLATION PENALTIES

I understand the cancellation/amendment policies of the vendor's travel program that I have purchased. In addition, I understand the fees that will be assessed per person fee as a result of any changes/cancellation of this transaction. I agree to pay all charges, fees, or penalties, and hereby hold GDS Travel Solutions free of any claims made as a result of the changes/cancellation of this travel reservation. I understand that I will be charged for any vendor cancellation fees and an additional agency fee of \$50 per person in the event of cancellation if I do not purchase travel insurance. This fee must be collected via debit/credit card before the cancellation can be processed. Initial

ACKNOWLEDGEMENT OF DISCLOSURES

I hereby acknowledge that I have received this important information and I understand the cancellation/amendment policies of the vendor's travel program that I have purchased. In addition, I understand the fees that will be assessed per person as a result of any changes/cancellation of this transaction. I understand that in the event the cancellation fees are greater than the amount paid at the point of cancellation, I am still liable for the cancellation fees. I also understand that my cancellation also impacts my roommate's reservation. I acknowledge that I have received the details of the cancellation fees associated with this itinerary on page three of the trip payment form. I agree to pay all charges, fees, or penalties, and hereby hold GDS Travel Solutions free of any claims made as a result of the changes/cancellation of this travel reservation. I have reviewed the dates, times, and reservations made on my behalf by GDS Travel Solutions and I agree that they are correct and accurate. Unless otherwise stated, this trip is nonrefundable. I understand that GDS Travel Solutions is not responsible for any cancellation, errors or omissions on my behalf or on the behalf of vendors providing travel services as a result of this reservation. I understand that a passport is required for this itinerary. Full details are found at www.travel.state.gov. I understand that GDS Travel Solutions will not be held liable for any circumstances resulting in denied boarding and/or situations beyond its control.

_____	_____
Printed Name	Signature & Date