

LEISURE FOR PLEASURE HOLIDAYS & TOURS LTD.
9 Linstar Close, Kingston 19. Suite # 2. Kingston 19. Jamaica W.I.
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ENROLMENT FORM - SPECIAL MOTHERS DAY CELEBRATION CARIBBEAN CRUISES

Are you a member/visitor of a Church YES NO If yes, which Church _____

Address of Church: _____ Tel # _____

I would like to register for the Mothers Day Cruise - Please tick relevant box () May 7 – 10, 2010 or () May 8 – 16, 2010

How did you know about this cruise Please tick relevant box () Radio - Kindly specify station _____ () Your Church
Announcement () Email promotion () Other Please state/specify _____

Re: Travel Insurance: Are you over 70 yrs () Yes () No Name of Beneficiary _____

Relationship of Beneficiary _____ Tel # _____ Address: _____

I wish to pay by Cash – JA\$/US\$ _____ Cheque – JA\$/US\$ _____ I am enclosing the deposit of \$ _____ per person
Bank _____ Branch _____ Cheque # _____

BANKING DETAILS & PAYMENT INFORMATION: Payments are to be made at any branch of Bank of Nova Scotia to the account of Leisure for Pleasure Holidays & Tours - Bank of Nova Scotia Hagley Park. J\$ Current Account #: 25 – 18 OR US\$ Savings Account #: 801986. Copy of payment and Enrolment Form are to be faxed to: Fax #: 969 8918 or sent by mail to us after payment has been made.

Rooming Preference: (tick your option)

Single room Double occupancy room Triple occupancy room Quad occupancy room

CABIN TYPE (Tick Option) Inside Cabin Ocean View Cabin Ocean View Cabin with Balcony Suite

Do you have a Birthday/Anniversary during the cruise/tour YES NO If yes, Kindly specify event and date _____

Do you have special skills/talents in the following areas: (Please tick relevant boxes) () Drama () Poetry () Singing
() Public Speaking/Debating () Other - Please specify _____

NAME (as written in passport): _____

(as written in passport)

TITLE: Dr. ___ Rev. ___ Mr. ___ Mrs. ___ Miss ___ MALE ___ FEMALE ___

ADDRESS: _____

TELEPHONE #: _____ (H) _____ (W) _____

EMAIL: _____ (H) _____ (w) _____

NAME OF CHURCH _____ ADDRESS _____

NEXT OF KIN: NAME: _____ RELATIONSHIP: _____ TELEPHONE: _____ H/W/C

ADDRESS: _____

ROOM MATE'S NAME: _____

(as written in passport)

TITLE: Dr. ___ Rev. ___ Mr. ___ Mrs. ___ Miss ___ MALE ___ FEMALE ___

ADDRESS: _____

TELEPHONE # _____ (H) _____ (W) _____

EMAIL _____

Passport Information

Room Mate's Information

Passport Type _____ Pass. No. _____ Pass. Type _____ Pass. No. _____

Place of Issue (City) _____ Place of Issue (City) _____

Date of Issue _____ Date of Exp. _____ Date of Issue _____ Date of Exp. _____

Birth Date _____ Place (City) of Birth _____ Birth Date _____ Place (City) of Birth _____

I have read the General Information attached and understand and agree with all terms and conditions as outlined.

Signed: _____ Date: _____