



**South Florida Hispanic Chamber of Commerce**  
**9<sup>th</sup> Annual Membership Cruise**  
**September 30, 2011 to October 3, 2011**  
**Norwegian Sky- 3 Day Bahamas Cruise**

**Names (Legal Name)**

1. \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
2. \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
3. \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
4. \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Please select type of cabin**

Members			Non-Members		
√	Cabins	Total Amount Including Taxes & Port Charges	√	Cabins	Total Amount Including Taxes, Port Charges & \$25 Non-Member fee
	Inside	269.62 p/p		Inside	294.62 p/p
	Ocean View	339.62 p/p		Ocean View	364.62 p/p
	Balcony	439.62 p/p		Balcony	464.62 p/p

\*\*Prices are per person based on double occupancy. Triple & Quads are based on request and availability at time of booking. \$90.00 NCF, \$80.62 Government fees & taxes included in price. Gratuities total \$36.00. Not responsible for error or omissions in the content of this application.

**Credit Card Information**

- Master Card     Visa     Amex

Name on the card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ CVV#: \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**

**Emergency contact of a family member not traveling with you:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

**Please send application by fax to: Yadira Lopez (305) 648-7132**  
**Questions or Concerns please call (305) 648-7137**

**Payment Schedule:**

- 1<sup>ST</sup> Deposit \$50.00 p/p due April 10, 2011**  
**2<sup>ND</sup> Deposit \$50.00 p/p due May 31, 2011**  
**Final Payment July 29, 2011**