

U.S. Citizens are required to have a VALID PASSPORT with 6 months remaining before expiration. Please print clearly names exactly as they appear on your PASSPORT, including any middle names or initials. For additional information about the new travel documentation regulations, visit www.travel.state.gov.

PASSENGER INFORMATION

Please complete ONE form per reservation, listing each guest in the room.

Title	First	Middle Name/Initial	Last Name	Date of Birth
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

PREFERENCES

<input type="checkbox"/> Privilege Junior Suite	No. of Adults per room: _____
<input type="checkbox"/> No. of Children per room: _____	Arrival Date: _____ Departure Date: _____
<input type="checkbox"/> Ages of Children, if any: _____	Total Room Cost for All Passengers: \$ _____
<input type="checkbox"/> Do you need help with airfare? If so, from which gateway: _____	Special Room Requests (if any): _____

TRAVEL PROTECTION INSURANCE

INSURANCE DISCLOSURE: Travel Protection Insurance protects your valuable vacation investment in the event of sudden illness or death affecting you, your travel companions and/or immediate family members. If electing not to purchase the insurance that is offered to you, your vacation may be nonrefundable, in full or part, if you decide to cancel. Cost of insurance is NONREFUNDABLE once purchased. **NOTE FOR PRE-EXISTING CONDITION(S):** This clause is applicable to Trip Cancellations, Interruption, Emergency Medical & Dental and Emergency Medical Transportation. Policy may exclude coverage for those conditions that manifested themselves, became acute, or for which you are being treated or for which you received medical advice or treatment in the 60 days before the purchase of benefit. To be covered for Pre-Existing Conditions, insurance must be purchased within 21 days of making first trip deposit.

- NO** I do **NOT** want to purchase any insurance and understand that I am responsible for cancellation penalties.
- YES** I **DO** want to purchase **Insurance** with my **FIRST DEPOSIT**. I understand that at the time of deposit I need to pay for the insurance (rates depend on the per person cost of the trip).
- YES** I **DO** want to purchase **Insurance** with my **FINAL PAYMENT**. I understand that I will not be covered for any pre-existing conditions unless insurance is purchased within 21 days of making my initial deposit

FORMS RECEIVED WITH NO BOXES CHECKED WILL AUTOMATICALLY DEFAULT TO "**NO**".

PAYMENT INFORMATION

Initial Deposit	12/3/2014	\$50 / \$100	per PERSON / per ROOM
FINAL PAYMENT*	6/10/2015		ALL PASSENGERS

Penalty for change or cancellation begins: **June 10, 2015**

CREDIT CARD AUTHORIZATION: I hereby authorize Sunsational Vacations to submit my credit/debit card information to travel supplier for processing, in the amount listed below. I agree that I will pay the charge as agreed with my credit card company and will not dispute the charge.

PENALTIES: By signing this form, I understand I may not be entitled to a full refund should my travel plans change and any cancellation or change fees apply.

Amount to be charged now: \$ _____

Cardholder's Name: _____

Billing Address: _____

Phone: _____

Email: _____

** Please complete the reverse side of this form with your credit/debit card information. **

E-Documents will be issued for all guests.

Fax, Email or Mail completed form to:

SUNSATONAL VACATIONS, LLC
157 Susan Drive, Jackson, NJ 08527

Phone: 888-431-8567

Fax: 732-367-1086

E-mail: cathy@sunsationalvacations.us

***PLEASE NOTE:** Final Payment will be automatically charged to the credit card on file on the specified due date, unless written notice is received by Sunsational Vacations prior to that date. If your credit card expires prior to the final payment due date and a new credit card is not provided, Sunsational Vacations reserves the right to cancel your reservation. By signing this reservation form, you agree to the terms set forth herein.

**TRAVEL IMPRESSIONS
GROUP DEPARTMENT
465 Smith Street, Farmingdale, NY 11735
Sunsational Vacations Fax # (732) 367-1086**

Booking # 354086

I hereby authorize Travel Impressions to charge the amount of _____
(Specify amount)

to my _____ Account number _____
(cc. name - ex. Visa, Amex)

expiration date _____ CID _____

Print name as it appears on credit card: _____

By signing below, I acknowledge that I understand I may not be entitled to a full refund should my travel plans change and any cancellation or change fees apply:

Signature of cardholder _____

Date of signature _____

Billing address of cardholder _____

(Zip code required) _____

Phone number of cardholder _____

Above Credit card to be used for the following specific group travel:

Travel Agency name _____ Sunsational Vacations _____

Group name _____ Stephanie Arroyo Sweet 16 - Ocean Blue & Sand _____

Group Travel dates _____ August 19 - August 27, 2015 _____

Passengers MUST return this form directly to their Travel Agent

**Thank you for using Sunsational Vacations &
Travel Impressions!**