

IMPORTANT • RETURN THIS FORM TO YOUR TRAVEL PLANNER 120 DAYS PRIOR TO SAILING • IMPORTANT

## CARNIVAL CRUISE GROUP ARRIVAL INFORMATION

GROUP NAME: \_\_\_\_\_

GROUP LEADER'S NAME: \_\_\_\_\_

DATE OF CRUISE: \_\_\_\_\_ SHIP NAME: \_\_\_\_\_

PORT OF: \_\_\_\_\_

CONTACT PERSON NAME & CELL PHONE: \_\_\_\_\_ (WHILE TRAVELING TO PORT)

**If the group has scheduled their own transportation,  
please provide us your method of arrival to the Port:**

### AIRLINE

Airline: \_\_\_\_\_

Last Flight No: \_\_\_\_\_

Airport: \_\_\_\_\_

Scheduled Arrival Time: \_\_\_\_\_ AM PM

### LOCAL TRANSFERS TO THE PORT

Bus Company Name: \_\_\_\_\_

Scheduled Pick-Up Time: \_\_\_\_\_

Scheduled Arrival Time to Port: \_\_\_\_\_ AM PM

### MOTORCOACH

Bus Company Name: \_\_\_\_\_

Scheduled Arrival Time to Port: \_\_\_\_\_ AM PM

### OTHER

Arrival Method: \_\_\_\_\_

Scheduled Time of Arrival: \_\_\_\_\_ AM PM

