

HOTEL REQUEST

FROM:

TO: CARNIVAL TRAVEL

ATTN:

TRAVEL AGENCY LOGO HERE

Date:

Ref No:

No	Name & Family Name	Room Type				Meal Plan			Nights	Rate (Dhs)	Age			Hotel Name	
		Single	Double	Triple	Extra	B.B	H.B	R.O			Adult	Child	Infant		
1													Flight Details		
2													Airline		
3													Flight NO.		
4													From		
5													Arrival		
6													Date	Time	
7															
8													Departure		
9													Date	Time	
10															
11													Airport Transfer :		
12													Terminal No.		
13															

Thank You.

Person In Charge :

Signature & Stamp :