



**Joiner-Schmidt Wedding Party  
Azul Sensatori  
22-25 Oct 2009**

**RESERVATION INFORMATION**

First, last & middle name (as it appears on passport) & birth date  
(month/day/year)- REQUIRED for all guests. Please print in blue/black ink.

Sharing with: \_\_\_\_\_

Children/infant: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone contact: \_\_\_\_\_

Room type desired:

- Adult-Jacuzzi suite
- Adult- swim up Jacuzzi
- Family-2 adults plus infant (up to age 2)
- Family-2 adults plus child (age 3-12)

Other (specify) \_\_\_\_\_

Please return along with deposit to:

**Carl Howard  
All Points Travel  
1544 Piedmont Ave  
Atlanta GA 30324**

**404 873-3631 / FAX 404 873-3633  
[carlh@allpointatlanta.com](mailto:carlh@allpointatlanta.com)**