

CRUISE RESERVATION FORM

Passenger Name(s) / Birthdates

Ship: _____ Sailing Date: _____ Itinerary: _____

Air City: _____ Departure Date: _____ Embarkation Port: _____

Client Address: _____

Telephone: Home _____ Business: _____ Cell Phone _____

Fax: _____ Email: _____ Other Contact: _____

Citizenship: _____ Passport #: _____ Exp Date: _____

Issued at _____ Visa Requirments _____

Client Status: New _____ Repeat _____ Referred By _____

Special Occasions _____ Date _____

SpecialNeeds/Requests _____

Loyalty Number _____ Frequent Flyer# _____ Seat Pref. _____

Cruising With Others/Names _____ Cabin # _____ Seating _____

Sailing Time _____ Debarkation Date/Time _____ Return Date _____

Stateroom Category _____ Deck _____ Cabin # _____

Suite _____ Balcony _____ Outside _____ Inside _____

Dining Room Seating: Early _____ Late _____ Other _____ Table Size _____

Cruise Price (1st/2nd) _____ per person X _____ pax = _____

Cruise Price (add'l pax) _____ per person X _____ pax = _____

Guest 1 Signature: _____

Guest 2 Signature: _____