

Cruise & Tour REGISTRATION FORM

Cruise - Tour _____ Depart _____

NAME _____ BD ___ / ___ / ___ Citizen _____
LEGAL LAST FIRST MIDDLE

Passport # _____ EXP ___ / ___ / ___ Past Pax # _____

Roommate _____ BD ___ / ___ / ___ Citizen _____
LEGAL LAST FIRST MIDDLE

Passport # _____ EXP ___ / ___ / ___ Past Pax # _____

Address _____ City _____ State _____ Zip _____

PHONE # _____ Alternate # (work-cell) _____

EMAIL _____

Emergency Contact _____ Number _____

Medical /Special Requests _____

Transfer (Included/Notations) _____

DEPOSIT \$ _____ CHECK # _____ **CREDIT CARD** _____ # _____ EXP ___ / ___

Travel Insurance YES ___ DECLINED ___
(If declining Insurance, Traveler Accepts all risks) _____
COST _____ **SIGNATURE SHOWS ACCEPTANCE OF ALL TERMS** _____ DATE _____
As stated in published cancellation policies set by operators & Travel Center)

COMPLETE THIS FORM, MAKE COPY, FOR YOURSELF Mail -EMAIL - FAX ORIGINAL TO KATHLEEN

Kathleen Tansey (Travel Center, Inc) 20825—142nd Ave S.E. Kent WA 98042
Kathleen@travelcenter4u.com FAX to: 253-564-5020

Client notes: _____

OFFICE	CRUISE _____	TOUR _____		
Hotel View	_____			
SHIP BEDS	Inside Twn	Window Queen	Balcony Triple	Suite Quad
Location/Deck	_____	For/aft/Mid	_____	
Conf #	_____			
Per	_____	Date	___ / ___	_____
Deposit	_____	Date	___ / ___	_____
Final	_____	Date	___ / ___	_____
Registration Fee	_____	CK/CC	_____	
Insurance	_____			
Passport copy:	_____			