

CRUISE OPERATOR:

SHIP Name:

DESTINATION:

PORT:

NAME	DOB	ADDRESS	HOME PHONE	WORK/CELL

Depart Date:	Return Date:	Reservation #:	Cabin Type:	Cabin #:

INSURANCE: Y / N

ROUND TRIP TRANSFERS: Y / N

Rate: \$ _____

Cruise Price: \$ _____ per person

<u>Depart A/P</u>	<u>Arrive A/P</u>	<u>Depart Time</u>	<u>Arrive Time</u>	<u>Seats</u>

CHECK LIST:

DATE:

PACKAGE INCLUDES:	Confirmation Rcvd:
	Invoice Sent:
	Proof of Citizen/OK by ship:
SPECIAL REQUESTS:	Docs In and Reviewed:
	Seats Assigned:
	Docs Picked Up:
DINING SEATING: Early (5:30p) / Late (8:00p) / My Time	Welcome Home Card Sent:
LARGE/SMALL TABLE:	Wine Sent:

CRUISE NOTES: