



CONCIERGE CRUISES- RESERVATION FORM

Ship: _____

Sailing Date: _____

****IN ORDER TO ACCURATELY BOOK ROOMS - PLEASE INDICATE THE LEGAL NAMES OF THE PERSON(S) WITH WHOM YOU WILL BE TRAVELING EVEN IF YOU ARE NOT FINANCIALLY RESPONSIBLE****

PLEASE PRINT INFORMATION - NAMES MUST BE LEGAL NAMES

[1] FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ DATE OF BIRTH: _____

[2] FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ DATE OF BIRTH: _____

[3] FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ DATE OF BIRTH: _____

[4] FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NAME ON CREDIT CARD _____ DEPOSIT AMOUNT: _____

CREDIT CARD # _____ + _____

CREDIT CARD: V ___ MC ___ AM ___ OTHER ___ EXP ___ SECURITY CODE _____

ADDRESS FOR CREDIT CARD: _____

CHECK# _____ CASH _____

SPECIAL OCCASION: _____ SPECIAL NEEDS: _____

DINING PREFERENCE: _____ BEDS TOGETHER OR APART _____

US CITIZEN _____ GREEN CARD _____ PASSPORT _____

Name: _____ Passport Number _____

Date of Issue _____ Expiration Date: _____ Issued In _____

Name: _____ Passport Number _____

Date of Issue _____ Expiration Date: _____ Issued In _____

Emergency Contact Not Traveling: Name _____

Telephone _____ Email _____

HOW MANY ROOMS: _____ TYPE OF ROOM -Interior, Ocean View, Balcony _____

AIR FARE: _____ OWN AIR FARE & TRANSFERS _____

INSURANCE (Please Circle One): YES or NO (HIGHLY RECOMMEND INSURANCE)

QUOTE FOR INSURANCE: _____

IF INSURANCE IS DECLINED MUST SIGN: SIGNATURE _____

****TRAVEL INSURANCE ADVISORY:** Travel Insurance Is Strongly Recommended For Protection Against Losses Occurring From, But Not Limited To, Cancellation Of Trip Due To Illness Or Incapacity; Interruption Of Trip Due To Medical Or Family Emergencies; Operator Default Or Insolvency; Operator Fees Or Penalties For Charges Or Cancellations Imposed By Operator, Its Agent Or Affiliated Companies; And Baggage Loss Or Damage. For Specific Coverage Details Contact Your Insurance Agent Or The Insurance Agent On The Insurance Carrier Policy Statement. If You Decide Not To Purchase Insurance A Wavier Must Be Signed. **** PLEASE NOTE: IF TRAVELING WITH ORIGINAL BIRTH CERTIFICATE: (RAISED SEAL) MUST BE US CITIZEN) IF YOUR ARE MARRIED YOU MUST HAVE A COPY OF MARRIAGE LICENSE & DRIVER”S LICENSE TO MATCH YOUR LEGAL NAME.**

RETURN FORM TO:

Concierge Cruises – Travel Agency

Telephone: (239)-772-1840

Fax: (239) 772-4826

Email: conciergescruises@yahoo.com