



CRUISE HOST APPLICATION

NAME: _____

ADDRESS: _____

CITY & ZIP: _____

TELEPHONE: _____ (home) _____ (cell)

EMAIL: _____

Birthday Month _____ Day _____

Emergency Contact _____

Home/Work Phone _____ Cell _____

Any other information that we should know!

Please return to: Clatsop Cruise Hosts, PO Box 1215, Astoria, OR 97103 or email ClatsopCruiesHosts@gmail.com