



A Group Cruise

CRUISE RESERVATION FORM

Fill this form using Adobe Acrobat, rename & save the completed form, then attach in an e-mail to Booking@AGroupCruise.com

Passenger Information: (current legal name that is printed on your birth certificate or passport)

Title: _____ First Name: _____ Last Name: _____ M.I.: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (_____) _____ Cell:(_____) _____ How many people in your cabin: _____

Email Address: _____ Nickname for social badge: _____

Date of Birth Month/Day/Year: _____ Past Guest Number: _____

U.S. Citizen? Yes No Group or Chapter Affiliation: _____

Additional Passenger:

Title: _____ First Name: _____ Last Name: _____ M.I.: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (_____) _____ Cell:(_____) _____ Best time to contact: AM PM

Email Address: _____ Nickname for social badge: _____

Date of Birth Month/Day/Year: _____ Past Guest Number: _____

U.S. Citizen? Yes No Group or Chapter Affiliation: _____

Do you have any special needs? Please describe below: (i.e., Medical, Dietary, Limited Mobility, Allergic Reactions, Cabin Assignment Requests, and Comments)

Special pricing - based on double occupancy Name of Ship: _____ Sailing date: _____

Inside Cabin Window Cabin Balcony Cabin

Travel Protection Insurance? Yes No

A deposit per person is due to reserve your cabin. **(Plus if you would like to add travel insurance.)** All major credit cards are accepted.

PAYMENT AREA

Credit Card Type: Visa MC American Express Discover (We will contact you for complete card number)

Name on the credit card: _____

Last four digits of credit card number: _____ Expiration Date: Month _____ Year _____

Billing Address: _____

City/State/Zip _____

Approved amount to charge: \$ _____ Date of reservation: _____

May we use the same credit card for the final payment? Please check one:

Yes No Please contact me for another credit card