



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](mailto: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