



CRUISE RESERVATION FORM

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

Passenger Information: (Current legal name that is printed on your Passport)

First Name: _____ Middle Name: _____ Last Name: _____

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: _____ Cruise Line Loyalty Number: _____

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

Additional Passenger:

First Name: _____ Middle Name: _____ Last Name: _____

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: _____ Cruise Line Loyalty 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, CPAP, Request To Sit At Dinner With Specific Friends, Cabin Assignment Requests, Comments)

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

☐ Inside Cabin ☐ Window Cabin ☐ Balcony Cabin

I would like to purchase travel insurance through the cruise line: ☐ Yes ☐ No

A deposit per person is due to reserve your cabin. **(Plus if you would like to add travel insurance.)**

PAYMENT AREA

Credit Card Type: ☐ Visa ☐ MC ☐ American Express ☐ Discover

Name on the credit card: _____

Credit Card Number: _____

Expiration Date: Month _____ Year _____ Security Code: _____

Billing Address: _____

City/State/Zip: _____

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

Use the same credit card for the final payment? Please check one: ☐ Yes ☐ No ☐ Contact me for another credit card

Internal Use Only: Date cabin booked: _____ Final payment paid: _____ Confirmation sent: _____