



PASSENGER FORM

CRUISE DEPARTURE DATE _____

Surname _____

First name _____

Postal Address _____

Home Phone _____ Mobile Phone _____

E-mail _____

NEXT OF KIN (Not travelling with you) _____

Relationship _____

KIN Home Phone _____ KIN Mobile Phone _____

Please list on this form **any medical or dietary conditions** or other information we need to know to use our best endeavours to ensure your safety on this cruise.

Please advise your arrival and departure flight details so we have these on our file.

Arrival Flights

Date _____ Flight Number _____ Arrival Time _____

Travelling from _____ Travelling to _____

Pre-Cruise Hotel Name _____

Post Cruise Hotel Name _____

Depart Flights

Date _____ Flight Number _____ Departure Time _____

Travelling from _____ Travelling to _____

Please also provide a copy of your photograph passport page or photo ID.

The information I have provided is correct at this time and I have read and agree to the Terms and Conditions. I will advise if there is any change in the information.

Passenger Signature _____

(Parent or guardian if under 18 years)

Place and Date _____