

BOOKING FORM - PERSONAL INFORMATION (Passenger # _____)

General Information

*Please provide your First, Middle and Last name as it appears on your passport.

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Email: _____

Stateroom Type

Inside: _____ Ocean-view: _____ Verandah: _____ Suite: _____

Loyalty Numbers

Aeroplan: _____ BCAA/AAA: _____

Cruise Line Past-Passenger Numbers: _____

Payment Information

Credit Card Name and Type: _____

Credit Card #: _____

Name On Card: _____

Expiry Date: _____ CID# (from back of card): _____

Passport Information

Nationality: _____

Date Of Birth: _____ Country Of Birth: _____

Passport Number: _____

Date of Issue: _____ Date of Expiry: _____

Travel Insurance

I recommend Travel Insurance, which includes Medical Insurance and Cancellation/Interruption Insurance. These insure you against risks including out-of-country medical emergencies, and if you need to cancel or interrupt your trip (for risks outlined in the applicable policy). Indicate below if you would like a Travel Insurance quote, or if you decline the travel insurance coverage.

Yes, Please Quote Me: (Signed) _____

OR

I Decline The Travel Insurance: (Signed) _____

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Also promoted by Linda Thibault
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