



Guest Voyage Registration Form

LAST NAME: _____ FIRST NAME: _____

VOYAGE DATES: _____ DEPARTURE PORT: _____

ARRIVAL PORT: _____

YOUR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL: _____

AGE: _____ HAVE YOU SAILED BEFORE? PLEASE DESCRIBE: _____

DO YOU HAVE ANY FOOD ALLERGIES/RESTRICTIONS? _____

PLEASE LIST ANY MEDICATIONS YOU ARE ON OR WILL BE BRINGING WITH YOU:

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBERS: _____

PAYMENT INFORMATION:

Please provide a credit card number for us to hold your spot. The card will not be charged until the week of departure. If you cancel up to 2 weeks before departure, there is no charge. If you cancel within two weeks of departure, half the cost will be charged to your credit card. If you wish to pay by check, please provide half the cost of the trip. The remaining half may be paid upon departure.

CHECK ENCLOSED IN AMOUNT OF: _____

CREDIT CARD NUMBER: _____ EXP DATE: _____

3-DIGIT CODE: _____ SIGNATURE: _____