



George Kerns and Dana Last, Cruise Specialists

Phone: (703)753-0920 Toll Free: (877)753-0920 Fax: (703)753-0921

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Passenger Information Sheet

Passenger 1 *(please provide credit card information on page 2)*

Last Name _____ First Name _____

Date of Birth _____ Address _____

City _____ State _____ Zip _____

Phone(H) _____ Phone(W) _____ Phone(C) _____

Cabin Preference (check one) Inside Ocean View Balcony Suite

Passenger 2

Last Name _____ First Name _____

Date of Birth _____ Address _____

City _____ State _____ Zip _____

Phone(H) _____ Phone(W) _____ Phone(C) _____

Cabin Preference (check one) Inside Ocean View Balcony Suite

Passenger 3

Last Name _____ First Name _____

Date of Birth _____ Address _____

City _____ State _____ Zip _____

Phone(H) _____ Phone(W) _____ Phone(C) _____

Cabin Preference (check one) Inside Ocean View Balcony Suite



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Passenger Information Sheet Continued

Passenger 4

Last Name _____ First Name _____

Date of Birth _____ Address _____

City _____ State _____ Zip _____

Phone(H) _____ Phone(W) _____ Phone(C) _____

Cabin Preference (check one) Inside Ocean View Balcony Suite

Credit Card Type: <input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Other
Credit Card Number:		
Expiration Date:	3 digit code on reverse:	
Name on Card:		
Billing Address if different from passenger1		

*The credit card will be used to reserve your cabin for 30 days (if you are in a large group) and also for your deposit (when due) and final payment (when due). George or Dana will provide you with the dates your deposit and final payment is due. **Please do not complete this portion of the form if we have not asked you for credit card information OR is you would rather phone us with the information..***

