

CRUISE BOOKING WORKSHEET

Passenger's Address	& Telephone Numbe	r			
1					
Cruise Line	Phone		Fax		
Address		City		StateZip	
Cruise Ship	Sa	Sailing Date		Cabin Category	
Cabin Number	Guarantee_	Y/N D	eck	Booking Number	
Air/Sea	Y/N Cruise Only				
Dining 1st Or 2nd (C	ircle One) Table Size:	Small/Large,	Smoking	/Non-smoking	
Cancellation Insuran	ce Offered Y/N	Accept	ed	Declined	
Cancellation Penalti	es/Refund Policies Ad	lvised Y/N		_	
Proof Of Citizenship	Documentation Adv	ised	Во	oking Agent	
Per Person Pricing:					
Cruise:	x Number of Pa	assengers	Total C	ruise Fare	
Airfare:	x Number of PassengersTotal Airfare				
Taxes/Fees	x Number of Passengers Total Taxes/Fees				
nsurancex Number of Passengers Total Insurance					
Total:	x Number of Pa	ssengers	Total C	ruise Cost	
Payment Information	n: Deposit Due Date_	<i>F</i>	Amount P	er Person	
Deposit Amount Pai	dDate	Form of Pa	yment		
Final Payment Due [)ate				
Final Payment Amou	ınt Paid	Date			
Commission Claim F	orm Submitted Y/N_	Date	!	(If Booked Direct)	
	d Y/NDate				
Delivered To Clients					
)ate	Туре	e of Gift	
	NDate				