

Cruise Client Intake Form

Toastie Potato Travel Adventure

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Form Submission Date:

Form/Client Reference #:

2. Client Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Mailing Address:

Emergency Contact Name:

Street:

Emergency Contact Phone:

City:

State:

ZIP Code:

3. Cruise Preference Details

Preferred Cruise Destination(s):

Desired Departure Date or Date Range:

Cruise Duration Preference (Number of Nights):

Cabin Type Preference:

Number of Passengers Traveling:

4. Passenger List

Passenger Name	Relationship to Primary Client	Date of Birth	Special Accommodations / Dietary Restrictions

5. Travel History & Documentation

Valid Passport: ☐ Yes ☐ No
Passport Expiration Date (if applicable):
Prior Cruise Experience: ☐ Yes ☐ No
Mobility or Accessibility Requirements:

6. Payment & Booking Preferences

Preferred Payment Method:
Deposit Amount Prepared to Pay:
Special Requests or Booking Notes:

Toastie Potato Travel Adventure
Authorized Agent Signature:

Printed Name:

Title:

Date:

Client Signature

Client Signature: _____

Printed Name:

Date:

Client Acknowledgment:

☐ I have reviewed and agree to the travel agency's terms and conditions, cancellation policy, and liability limitations. Toastie Potato Travel Adventure's Terms and Conditions are available at <https://toastiepotato.com/terms-and-conditions>