

FOX N FOXETTE BOOKING INFORMATION FORM

<https://foxnfoxette.com>



All Information is Confidential

Please take a few minutes to this form so we can schedule your booking and serve you better.

Full Legal Name

Preferred Name

Date of Birth

Phone Number

Carnival Cruise

VIFP #

How did you hear about us? Please list the Host Name, Ambassador Name, or Source.

Please list your Emergency Contact Name and Number?

Any medical information that we should know?

Will you need any special accommodations, such as an accessible room and or scooter? If yes please specify.

Do you have any suggestions on how we can help you better?

Do you have a cabin roommate that you want to be paired with? If so what is their name and phone number? Make sure they list you on your form.

Do you want Two Twin Beds or King Bed?

Are you interested in learning about Shore Excursions? If so, which ones?

Do you have any suggestions, questions, comments? Please list them below.

**THANK YOU FOR TAKING THE
TIME TO COMPLETE FOX n
FOXETTE BOOKING INFORMATION
FORM.**

Your feedback is incredibly valuable to us and will help us better serve you and improve our services in the future.

