

# DANCE CRUISE REGISTRATION FORM

Pacific Coastal Cruise – September 13-20, 2014


**PLEASE PRINT CLEARLY OR TYPE (For Word version request by email)**

<b>SUBMIT REGISTRATION FORM BY MAIL, PDF OR FAX - With Check or Credit Card</b>			
<b>Legal Name Must appear as it will appear on your boarding documents (i.e. passport) Passports are required</b>			
First Name	Middle Name or Initial (as on passport)	Last Name	
Address			
City	State	Zip Code	Country
Home Phone	Work Phone	Cell Phone	
Email Address		Website	
Date of Birth	Citizenship	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name as you would like it to appear on your name badge			
Passport No.	Date Issued	Expiration Date	Place Issued
Past Cruiser Number with this Cruise Line <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what ship and sail date:	
Past Sundancer Cruiser <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact Name for Cruise Ship (Not sailing with you)			Relationship
Home Phone	Work Phone	Cell Phone	

<b>PAYMENT INFORMATION - Make Checks payable to Sundancer Cruises or send Credit Card Form below</b>			
Type of Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	<input type="checkbox"/> Check here if Debit Card	Expiration Date	
Your name as it appears on the credit card			
Credit Card Number		3 Digit CVC Code on Back	
Billing address if different than above address		Billing Zip if different than above address:	

<b>CABIN MATE INFORMATION (If above information is different Cabin Mate must fill out separate form)</b>			
<b>Legal Name Must appear as it will appear on your boarding documents (i.e. passport)</b>			
Cabin Mate's First Name	Cabin Mate's Middle Name or Initial (as on passport)	Cabin Mate's Last Name	
Badge Name		Relationship	
Email Address		Phone No(s)	
Date of Birth	Citizenship	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Passport No.	Date Issued	Expiration Date	Place Issued
Type of Cabin <input type="checkbox"/> Inside Cabin	<input type="checkbox"/> Ocean View	<input type="checkbox"/> Private Balcony	<input type="checkbox"/> Private Suite
Occupancy <input type="checkbox"/> Single Occupancy	<input type="checkbox"/> Double Occupancy	<input type="checkbox"/> Triple Occupancy	<input type="checkbox"/> Quad Occupancy

<b>REFERRAL INFORMATION</b>	
How did you hear about the cruise?	Or, Referred By (Name)
If by internet search please list website	
<b>Today's Date</b>	

	<p><b>Cathy &amp; Brent Paxton / Sundancer Cruises, Inc.</b>  <b>Phone 303-250-7344 in Colorado or Toll Free at 1-866-409-SAIL (7245)</b>  <b>Fax 303-284-0983 (Dedicated line on 24/7) E-Mail <a href="mailto:info@SundancerCruises.net">info@SundancerCruises.net</a></b>  <b>• Website <a href="http://www.SundancerCruises.net">www.SundancerCruises.net</a></b>  <b>Send to Sundancer Cruises, Inc., 6929 Howell Street, Arvada, CO 80004-1-00</b>  <b>Deposit \$375 (US Funds) per person payable to Sundancer Cruises, Inc.</b>  <b>Single Occupancy \$500.00 per person</b></p>
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