


DANCE CRUISE REGISTRATION FORM

Western Caribbean Cruise – February 27-March 5, 2016

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

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| SUBMIT REGISTRATION FORM BY MAIL, PDF OR FAX - With Check or Credit Card | | | |
| Legal Name Must appear as it will appear on your boarding documents (i.e. passport) Passports are required | | | |
| 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 | |
| PAYMENT INFORMATION - Make Checks payable to Sundancer Cruises or send Credit Card Form below | | | |
| Type of Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Check here if Debit Card | | | |
| Your name as it appears on the credit card | | | Expiration Date |
| Credit Card Number | | | 3 Digit CVC Code on Back |
| Billing address if different than above address | | Billing Zip if different than above address: | |
| CABIN MATE INFORMATION (If above information is different Cabin Mate must fill out separate form) | | | |
| Legal Name Must appear as it will appear on your boarding documents (i.e. passport) | | | |
| 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 |
| REFERRAL INFORMATION | | | |
| How did you hear about the cruise? | | Referred By: | |
| If by internet search please list website | | | |
| Today's Date | | | |

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