


DANCE CRUISE REGISTRATION FORM

9 Day Scandinavia, Russia & Baltic Cruise July 31, 2020

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

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 if you are part of dance group			
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"/> American Express		<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 (Am Exp 4 digit on front)	
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
Occupancy	<input type="checkbox"/> Single Occupancy	<input type="checkbox"/> Double Occupancy	<input type="checkbox"/> Triple Occupancy
			<input type="checkbox"/> Private Suite
			<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			

	<p style="text-align: center;"> Cathy & Brent Paxton / Sundancer Cruises, Inc. Phone 303-250-7344 in Colorado or Toll Free at 1-866-409-SAIL (7245) E-Mail: SundancerCruises@yahoo.com • Website: www.SundancerCruises.net Send to Sundancer Cruises, Inc., 6929 Howell Street, Arvada, CO 80004-1099 Deposit \$250 (US Funds) per person Checks Payable to Sundancer Cruises, Inc. </p>
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