

DANCE CRUISE REGISTRATION FORM

7 Night Western Transatlantic Crossing Cruise Departing August 21, 2022

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"/> Obstructed Balcony <input type="checkbox"/> Standard Balcony <input type="checkbox"/> Deluxe Balcony <input type="checkbox"/> Mini-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			



Cathy & Brent Paxton / Sundancer Cruises, Inc.
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 E-Mail: SundancerCruises@yahoo.com • Website: www.SundancerCruises.net
 Send to Sundancer Cruises, Inc., 6929 Howell Street, Arvada, CO 80004-1099
 Deposit \$400 PP based on double occupancy (US Funds)
 Checks Payable to Sundancer Cruises, Inc.