


DANCE CRUISE REGISTRATION FORM

Eastern Caribbean Dance Cruise January 20, 2025

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			
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
Email Address:			
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	
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			
		Cathy & Brent Paxton / Sundancer Cruises, Inc. Phone 303-250-7344 SundancerCruises@yahoo.com • Website www.SundancerCruises.net Send to Sundancer Cruises, Inc., 6929 Howell Street, Arvada, CO 80004-1099 Checks Payable to Sundancer Cruises, Inc.	