


RIVER CRUISE REGISTRATION FORM

8 Day Active & Discovery on the Danube – Avalon Envision

Departing July 8, 2024

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"/> Deluxe Window E Fwd | <input type="checkbox"/> Deluxe Window D Aft | <input type="checkbox"/> Balcony B Aft | <input type="checkbox"/> Balcony A Fwd | <input type="checkbox"/> Balcony P |
| Occupancy | <input type="checkbox"/> Single Occupancy | <input type="checkbox"/> Double Occupancy | <input type="checkbox"/> Triple 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 E-Mail: SundancerCruises@yahoo.com • Website: www.SundancerCruises.net Sundancer Cruises, Inc., 6929 Howell Street, Arvada, CO 80004-1099 Checks Payable to Sundancer Cruises, Inc. | | | |