

# DANCE CRUISE REGISTRATION FORM

## 7 Night Fall Colors – New England & Canada Cruise September 30, 2022

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

<b>SUBMIT REGISTRATION FORM BY MAIL, PDF OR FAX - With Check or Credit Card</b>				
<b>Legal Name Must appear as it will appear on your boarding documents (i.e. passport) Passports are required</b>				
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
<b>PAYMENT INFORMATION - Make Checks payable to Sundancer Cruises or send Credit Card Form below</b>				
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:	
<b>CABIN MATE INFORMATION (If above information is different Cabin Mate must fill out separate form)</b>				
<b>Legal Name Must appear as it will appear on your boarding documents (i.e. passport)</b>				
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
<b>REFERRAL INFORMATION</b>				
How did you hear about the cruise?			Referred By:	
If by internet search please list website				
<b>Today's Date</b>				



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 Send to Sundancer Cruises, Inc., 6929 Howell Street, Arvada, CO 80004-1099  
 Deposit 25% (US Funds) per person  
 Checks Payable to Sundancer Cruises, Inc.