

DANCE CRUISE REGISTRATION FORM

British Isles Dance Cruise August 25, 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:
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If by internet search please list website

Today's Date

	<p>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.</p>
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