



Registration Form – Quebec City Hotel

PLEASE PRINT CLEARLY OR TYPE

SUBMIT REGISTRATION FORM TO SUNDANCER CRUISES BY MAIL OR PDF VIA EMAIL			
First Name		Last Name	
Address			
City		State	Zip Code
Country			
Home Phone		Work Phone	Cell Phone
Email Address			<input type="checkbox"/> Male <input type="checkbox"/> Female
HOTEL ROOM MATE INFORMATION			
First Name		Last Name	
Address			
City		State	Zip Code
Country			
Email Address:		Relationship	<input type="checkbox"/> Male <input type="checkbox"/> Female
GROUP HOTEL INFORMATION PRE-CRUISE (All Prices CAD at time payment processed) Includes all taxes			
Hotel PUR		Group Pricing: <i>Cancellation 60 days prior to arrival.</i>	
<input type="checkbox"/> Standard Double <input type="checkbox"/> King <input type="checkbox"/> Two Queen Beds <input type="checkbox"/> Standard Single Occupancy <input type="checkbox"/> King <input type="checkbox"/> Two Queen Beds			
Select Dates Pre-Cruise			
<input type="checkbox"/> 9/29/2022	<input type="checkbox"/> 9/28/2022	<input type="checkbox"/> 9/27/2022	<input type="checkbox"/> 9/26/2022
PAYMENT BY CREDIT CARD - Please Check Type of Credit Card Below			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	
Your name as it appears on the credit card			
Credit Card Number			
CVC=Card Verification Code		Expiration Date	Billing Zip Code
If billing address differs from above address please list entire address here:			
Other comments or instructions:			
Signature:			Date:

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