

# DANCE CRUISE REGISTRATION FORM

Caribbean Rock & Roll 'Oldies' Concert Cruise January 23 - 31, 2027

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?

**Today's Date**



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 Credit Card Payments Only