



ABOUT YOUR CRUISE

Ship: _____ Sailing Date: _____ Booking: _____ Cabin: _____
 Prior to embarkation I can be contacted at: _____ Phone: _____

IMPORTANT SECURITY DEPARTURE AND ENTRY INFORMATION

Please print your full name as it appears on your passport.

Guest Information	FIRST GUEST: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	SECOND GUEST: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:
Last Name:		
First Name:		
Club Membership:		
Occupation:		
Date and Place of Birth:	Mo: Day: Yr: Place:	Mo: Day: Yr: Place:
Citizenship:		
Country of Residence:		
Passport Number:		
Date and Place Issued:	Mo: Day: Yr: Place:	Mo: Day: Yr: Place:
Expiration Date:	Mo: Day: Yr:	Mo: Day: Yr:
Home Address:		
City, State, and Country:		
Postal Code:		
Telephone:		
Email:		

EMERGENCY CONTACT INFORMATION

In case of emergency, please provide contact information of someone that is not traveling with you.

Name and Relation:	
Daytime Phone:	
Evening Phone:	
Address:	
City and State:	
Zip Code:	

US DESTINATION ADDRESS

In order that we may comply with the United States Immigration and Naturalization Services, entry and departure information is required.

	Before Cruise	After Cruise
Address:		
City, State, Zip		

YOUR COMMENTS PLEASE

Is there anything we have forgotten? Please list any special preferences or physical limitations of which you would like us to be aware. We will do our best to accommodate you.

DINING ROOM TABLE PREFERENCE

Name(s) of guest(s) with whom you wish to be seated.

Booking: _____	Cabin: _____
Booking: _____	Cabin: _____
Booking: _____	Cabin: _____

Smoking Non-Smoking Twin Beds
 Table for: 2 4 6 8 Early Late

YOUR SIGNATURE PLEASE

BY SIGNING BELOW, EACH GUEST CERTIFIES, ON HIS/HER OWN BEHALF AND ON BEHALF OF ANY ACCOMPANYING MINORS, THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE GUEST HAS RECEIVED AND READ ALL TERMS AND CONDITIONS OF THE PASSAGE CONTRACT.

First Guest: _____ Date: _____ Second Guest: _____ Date: _____

PLEASE RETURN OR FAX IT TO US AT (661) 284 - 4748. WE WILL APPRECIATE RECEIPT OF THIS GUEST REGISTRATION FORM AT LEAST SIX WEEKS PRIOR TO SAILING. GUEST REGISTRATION FORM IS ALSO AVAILABLE ON OUR WEBSITE AT WWW.CUNARD.COM

FINAL CRUISE DOCUMENTS WILL NOT BE ISSUED UNTIL THIS COMPLETED FORM HAS BEEN RECEIVED.