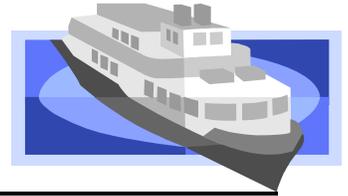




Cruise info



TicketFunatic

718 Porter Street, Fort Detrick, MD 21702
PHONE: 301-619-2839 FAX: 301-619-2882

Name: _____ **Date:** _____

Military Status: ACTIVE DUTY / RETIRED MILITARY / NON-MILITARY

Address: _____

Home Phone: _____ **Work Phone:** _____

of Adults: _____ **# of Children(age/birthdate):** _____

Cruise Destination: _____

Travel Dates: _____

Cruise Line/Ship: _____ **Length of Cruise:** _____

Preferred Port: _____ **Include Air:** NO / YES-Airport: _____

Type of Stateroom: INSIDE / OCEANVIEW / BALCONY / SUITE **# of Cabins:** _____

Dining Choice: EARLY/1st-@6PM / LATE/2nd-@8PM

Insurance: YES / NO - If no, please sign here waiving insurance: _____

Cruised Before: YES /No – If yes, with what cruiseline: _____

Celebration/Special Event (Optional packages available for purchase on board): _____

Special Medical Needs: _____

TRAVEL DOCUMENTS SUCH AS A PASSPORT *PLUS* A PICTURE ID CARD ISSUED BY A FEDERAL, STATE, OR LOCAL GOVERNMENT AGENCY IS REQUIRED.

Please indicate Citizenship other than U.S. for each passenger

Please List All Passengers:
(LEGAL NAME AS STATED ON PASSPORT - *AND* BIRTHDATE)

1. _____ DOB: _____

2. _____ DOB: _____

3. _____ DOB: _____

4. _____ DOB: _____