



RESERVATION FORM

Fill in the information below and send it with your deposit to:

Cruise Planners

PO Box 355

Kennedale, TX 76060

Phone: 817-478-7119 Fax: 817-478-0347

Email: funoncruises@sbcglobal.net

BOOKING FORM

Cruise Line/Boat: _____ Date: _____ Port: _____

PLEASE FILL IN THE FOLLOWING INFORMATION:

Credit Card: Visa MasterCard Am Express Discover

Debit Card: Visa MasterCard Am Express Discover

Name on Card: _____ Expiration Date: _____

Credit Card Number: _____ Amt to be applied to card: _____

Signature Authorizing Payment on Card: _____

INFORMATION ON PARTY CRUISING

Legal Name: _____ Date of Birth: _____

Special Needs: _____

Home Address: _____ Cabin Preference: Interior ___ Ocean view___ Balcony___

City: _____ ST: ___ Zip: _____ Home Phone: _____

Emergency contact number: _____ Email Address: _____

Companion Legal Name: _____ Date of Birth: _____

Special Needs: _____

Home Address: _____ Cabin Preference: Interior ___ Ocean view___ Balcony___

City: _____ ST: ___ Zip: _____ Home Phone: _____

Emergency contact number: _____ Email Address: _____

Companion Legal Name: _____ Date of Birth: _____

Special Needs: _____

Home Address: _____ Cabin Preference: Interior ___ Ocean view___ Balcony___

City: _____ ST: ___ Zip: _____ Home Phone: _____

Emergency contact number: _____ Email Address: _____

Companion Legal Name: _____ Date of Birth: _____

Special Needs: _____

Home Address: _____ Cabin Preference: Interior ___ Ocean view___ Balcony___

City: _____ ST: ___ Zip: _____ Home Phone: _____

Emergency contact number: _____ Email Address: _____

All prices subject to change and availability at time of booking is based on **DOUBLE OCCUPANCY**

Cancellations for payments made with check or money order processed 60 days after sailing

Cancellation penalties fall within the policies of the cruise lines. Information provided upon request.