

# DANCE CRUISE REGISTRATION FORM

Panama Canal with Costa Rica & Caribbean - Cruise October 8, 2018

PLEASE PRINT CLEARLY OR TYPE (For Word version request by email)

<b>SUBMIT REGISTRATION FORM BY MAIL, PDF OR FAX - With Check or Credit Card</b>			
<b>Legal Name Must appear as it will appear on your boarding documents (i.e. passport) Passports are required</b>			
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		Website	
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	
Home Phone	Work Phone	Cell Phone	
<b>PAYMENT INFORMATION - Make Checks payable to Sundancer Cruises or send Credit Card Form below</b>			
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:	
<b>CABIN MATE INFORMATION (If above information is different Cabin Mate must fill out separate form)</b>			
<b>Legal Name Must appear as it will appear on your boarding documents (i.e. passport)</b>			
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		
<b>REFERRAL INFORMATION</b>			
How did you hear about the cruise?	Referred By:		
If by internet search please list website			
<b>Today's Date</b>			



**Cathy & Brent Paxton / Sundancer Cruises, Inc.**  
**Phone 303-250-7344 in Colorado or Toll Free at 1-866-409-SAIL (7245)**  
**Fax 303-284-0983 (Dedicated line on 24/7) E-Mail info@SundancerCruises.net**  
**• Website www.SundancerCruises.net**  
**Send to Sundancer Cruises, Inc., 6929 Howell Street, Arvada, CO 80004-1099**  
**Deposit \$375 (US Funds) per person based on double occupancy**  
**Payable to Sundancer Cruises, Inc.**