

Global Concepts Cruise Form

Global Concepts Client Name: _____

Legal Names (First & Last) with Dates of Birth for all passengers:

Have any passengers in the party have cruised before? With which cruise line? What are the rewards numbers?

Sailing Date(s) Requested: _____

Destination: Ocean or River? Alaska, Europe, Mediterranean, Greenland, Iceland, China, Japan, Panama Canal, Trans-Atlantic, Hawaii, Australia, New Zealand, South Pacific, American River, Canada, Bahamas, Caribbean, Cuba or _____

Preferred Port of Departure: _____

Cabin Type: Interior Oceanview Balcony or Suite

Location on ship: Forward Mid-Ship Aft (Back of Ship)

How many passengers will be in cabin? _____

Have you received a quote: Yes or No

Has the cruise already been booked: Yes or No

Any other special instructions/requests? (ADA/ Wheelchair/ Blind/Special Needs, Food Allergies, Etc...) _____

Special event/occasion: _____ What day would you like to celebrate onboard? _____

Are you any of the following:

- Military Active or Retired
- Senior (55+)
- AAA
- Regional (What state do you live in) _____

Do you want travel insurance? _____

Will you be pre-paying for gratuities? _____

Will you be paying total amount in full? _____

Will you be paying deposit only? _____

What are you the most interested in: (Circle all that apply to you & your traveling party)

Cuisine/Wine Excursions/Tours Adult-Only Socializing Relaxing

Adventure (Watersides, Zipline, Parasailing) History/Education Romance

Reconnecting with family Kid-friendly Shopping Nature Exercise/Meditation

Entertainment Cultures of other Countries Religion Exploration