

Name of Client: _____

Date: _____

Global Concepts Cruise Form:

Legal Names (First & Last) with DOB for all guests:

Have any persons in the party cruised before? With which cruise line?

Sailing Date(s) Requested: _____

Requested Cruise Location: _____

Preferred Port of Departure: _____

Cabin Type: Inside Oceanview Balcony or Balcony Suite

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

How many people 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 Etc:)

Special event or occasion: _____

Name of Client: _____

Date: _____

Are you any of the following:

- Military
- Police
- Teachers
- Firefighter
- EMT
- Interline
- Senior (55+)
- AAA
- Regional (What state do you live in)

Do you want travel protection: _____

Will you be paying for gratuities: _____

Will you be paying total amount: _____

Will you be paying deposit only: _____

Will you be making payments: _____