

# GUEST REGISTRATION FORM



**This form is required.** United States and foreign governments require the advance receipt of passenger information as requested below. Failure to provide this information in advance of your cruise may result in denied boarding. Six (6) weeks or more in advance of your cruise, you can return this form by fax to 661-284-4748.

SAIL DATE    SHIP NAME    STATEROOM    CATEGORY    BOOKING #    EMBARKATION PORT    DISEMBARKATION PORT

## DOCUMENTATION OF CITIZENSHIP/IMMIGRATION & TRAVEL HISTORY

The U.S. and foreign governments require that your name appears exactly as it is on your passport.

|  |  |                                       |  |                   |
|--|--|---------------------------------------|--|-------------------|
| TITLE  | FIRST NAME   | MIDDLE NAME                           | LAST NAME  | SUFFIX            |
| WORLD CLUB MEMBER NUMBER                                   | DATE OF BIRTH (MM/DD/YYYY)                                       | E-MAIL ADDRESS                        | GENDER <input type="checkbox"/> M <input type="checkbox"/> F |                   |
| PERMANENT HOME ADDRESS                                     | APT#   | CITY                                  | STATE/PROVINCE   | ZIP/POSTAL CODE   |
| COUNTRY  | HOME TELEPHONE NUMBER (NON-U.S. RESIDENTS, INCLUDE COUNTRY CODE) |                                       |  |                   |
| CITIZENSHIP  | STATE/PROVINCE/COUNTRY OF BIRTH                                  | ALIEN RESIDENT OF U.S. ID CARD NUMBER |  |                   |
| PASSPORT NUMBER  | DATE OF ISSUE (MM/DD/YYYY)                                       | DATE OF EXPIRATION (MM/DD/YYYY)       | COUNTRY OF ISSUE   | ISSUING AUTHORITY |
| U.S. VISA NUMBER   | DATE OF ISSUE (MM/DD/YYYY)                                       | DATE OF EXPIRATION (MM/DD/YYYY)       | PLACE OF ISSUE   |                   |
| PRE-CRUISE ADDRESS WHILE IN U.S. (FOR NON-U.S. RESIDENTS)  | CITY   | STATE                                 | ZIP CODE   |                   |
| POST-CRUISE ADDRESS WHILE IN U.S. (FOR NON-U.S. RESIDENTS) | CITY   | STATE                                 | ZIP CODE   |                   |

### 1. NOT INCLUDING THIS CRUISE, I HAVE:

- a.  Never Cruised   b.  Cruised Previously with Cunard   c.  Cruised with Another Line

### 2. HAVE YOU EVER CRUISED WITH: (mark all that apply)

- a.  First Cruise   b.  Carnival   c.  Celebrity   d.  Costa   e.  Crystal  
f.  Disney   g.  Fred Olsen   h.  Holland America   i.  Norwegian Cruise Line  
j.  Oceania   k.  Orient Lines   l.  P&O Cruises   m.  Princess Cruises  
n.  Radisson Seven Seas   o.  Royal Caribbean   p.  Saga  
q.  Seabourn   r.  Silversea   s.  Windstar   t.  Other

### 3. HOW LONG HAS IT BEEN SINCE YOUR LAST CRUISE?

- a.  Never Cruised Before   b.  Under 1 Year   c.  1 to 3 Years  
d.  3 to 5 Years   e.  5+ Years

### 4. IN THE PAST 5 YEARS, HOW MANY CRUISES HAVE YOU TAKEN?

a. \_\_\_\_\_

### 5. WHERE WOULD YOU MOST LIKELY CRUISE NEXT? (mark all that apply)

- a.  Africa   b.  Alaska   c.  Asia   d.  Australia/South Pacific   e.  Bermuda  
f.  British Isles   g.  Canada/New England   h.  Caribbean/Bahamas   i.  Hawaii  
j.  India   k.  Mediterranean   l.  Mexican Riviera   m.  Northern Europe  
n.  Panama Canal   o.  South America   p.  Tahiti   q.  Transatlantic   r.  World Cruise

### 6. YOUR HIGHEST LEVEL OF EDUCATION ATTAINED:

- a.  Some High School   b.  High School Graduate  
c.  Some College   d.  College Graduate   e.  Post Graduate

### 7. DO YOU HAVE ANY CHILDREN AT HOME?

- a.  Yes   b.  No

### 8. DURING WHAT SEASON DO YOU PREFER TO CRUISE?

- a.  Winter   b.  Spring   c.  Summer   d.  Fall   e.  Holiday   e.  No Preference

### 9. ANNIVERSARY DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

## CREDIT CARD INFORMATION

Providing us with this information establishes your shipboard account, expedites your check-in procedures and is kept confidential. Card **must** be valid for length of the cruise.

MY ACCOUNT WILL BE PAID BY:  VISA    MASTERCARD    AMEX    DINER'S    DISCOVER

|  |                         |   |
|--|-------------------------|---|
| CARD HOLDER'S NAME                                       | CARD NUMBER             | EXPIRATION DATE (MM/YYYY)   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | STATEROOM OF CARD OWNER | ADDITIONAL PASSENGERS IN YOUR STATEROOM TO BE CHARGED TO THIS ACCOUNT |

## EMERGENCY CONTACT INFORMATION

The following information is required 14 days in advance of your cruise for ticketing. Please provide the name of someone not traveling with you.

|                              |              |                          |                            |
|------------------------------|--------------|--------------------------|----------------------------|
| NAME                         | RELATIONSHIP | DAYTIME TELEPHONE NUMBER | EVENING TELEPHONE NUMBER   |
| ADDRESS OF EMERGENCY CONTACT | CITY         | STATE/PROVINCE           | ZIP/POSTAL CODE    COUNTRY |