

DANCE CONNECTION
Let's Dance Together



DANCE CRUISE REGISTRATION FORM

7 Night Inside Passage Alaska Dance Cruise – June 6 – 13, 2012

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

SUBMIT REGISTRATION FORM BY MAIL, PDF OR FAX - With Check or Credit Card				
Legal Name Must appear as it will appear on your boarding documents (i.e. passport) Passports are required				
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
PAYMENT INFORMATION - Make Checks payable to Sundancer Cruises or send Credit Card Form below				
Type of Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover		<input type="checkbox"/> Check here if Debit Card		Expiration Date
Your name as it appears on the credit card				
Credit Card Number			3 Digit CVC Code on Back	
Billing address if different than above address			Billing Zip if different than above address:	
CABIN MATE INFORMATION (If above information is different Cabin Mate must fill out separate form)				
Legal Name Must appear as it will appear on your boarding documents (i.e. passport)				
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
REFERRAL INFORMATION				
How did you hear about the cruise?		Or, Referred By (Name) Maggie Francucci/Dance Connection		
If by internet search please list website				
Today's Date				
<p>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 \$500 (US Funds) per person payable to Sundancer Cruises, Inc.</p>				