



Dear Cruise Guest,

Thank you for choosing Dunedin Travel and allowing us to service your travel needs. This form is designed to assist our travel agency in gathering the required guest information for your upcoming trip.

PLEASE PRINT OR TYPE YOUR INFORMATION

FULL LEGAL NAME:

Last _____ First _____ Middle _____

HASH NAME _____ KENNEL _____

ADDRESS: Street _____

City _____ State _____ ZIP _____

PHONE: Home _____ Cell _____

EMAIL: _____

D.O.B. Month _____ Day _____ Year _____

CITIZENSHIP: US: CA: OTHER: _____

CABIN TYPE: Inside (No Window): OceanView (Window only): Balcony: Suite:

DINING TYPE: Early: Late: OR Group Seating:

VACATION PROTECTION PLAN: Yes: No:

PRE-PAID GRATUITIES* (Not Included in Fare): Yes: No: (can be added up to 2 weeks before sailing)

TRAVELING COMPANIONS:

1) _____ D.O.B _____ HASH NAME _____

2) _____ D.O.B _____ HASH NAME _____

3) _____ D.O.B _____ HASH NAME _____

Once this form is complete, please send it with credit card authorization form to the email or fax to the number below.

**** EACH COMPANION, IF PAYING SEPARATELY, MUST FILL OUT THERE OWN FORMS AND SEND IT TO THE CONTACT BELOW ****

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