



TOUR / CRUISE REGISTRATION FORM

PLEASE COMPLETE ONE FORM PER PASSENGER IN BLOCK CAPITAL LETTERS AND SIGN IN THE SPACE PROVIDED AT THE BOTTOM OF THE FORM.

Tour/Cruise Name: _____ **Travel Dates:** _____

IF TRAVELLING ON A CRUISE PLEASE TICK THE BOXES IMMEDIATELY BELOW:

REQUIRED CABIN TYPE:	INSIDE <input type="checkbox"/>	OCEANVIEW <input type="checkbox"/>	BALCONY <input type="checkbox"/>
NUMBER OF PASSENGERS IN CABIN:	DOUBLE <input type="checkbox"/>	TRIPLE <input type="checkbox"/>	QUAD <input type="checkbox"/>
DINING REQUIREMENTS:	EARLY <input type="checkbox"/>	LATE <input type="checkbox"/>	PERSONAL CHOICE <input type="checkbox"/>

Full Name exactly as in Passport: _____

Home Address: _____

Email address: _____

Telephone contact: (Home) _____ (Cell) _____ (Work) _____

Occupation: _____ **Date of Birth:** DD _____ MM _____ YYYY _____

Nationality: _____ **Place / Country of Birth:** _____

Passport #: _____ **Issue Date:** DD _____ MM _____ YY _____ **Expiry Date:** DD _____ MM _____ YY _____

US Visa #: _____ **Issue Date:** DD _____ MM _____ YY _____ **Expiry Date:** DD _____ MM _____ YY _____

Airline/CruiseLine Frequent Traveller Information:

Airline &No: _____ **CruiseLine & No:** _____

Emergency Contact Name: _____ **Relationship:** _____

Address: _____ **Main Tel#** _____

Request for change of Outbound/Return travel date (if different to tour): _____

Travelling/Rooming with: _____

Travel Insurance & Travel Cancellation Coverage:

We strongly recommend the purchase of Travel Insurance, and if available – Travel Cancellation Coverage which can be purchased through The Travel House.

I hereby agree to purchase Travel Insurance, however if unable I will be responsible for my own medical expenses.

Insurance requested: Declined:

Signed:..... **Date:**.....