

GROUP REGISTRATION SHEET

GROUP Cruisin' Times 2011: "Crown Princess"

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP

TELEPHONE NUMBER: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work/Cell Phone

E-MAIL ADDRESS \_\_\_\_\_

LIST **PROPER NAMES** AND **BIRTH DATES** OF EVERYONE TRAVELING IN CABIN:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

CABIN CATEGORY: 1<sup>st</sup> CHOICE: \_\_\_\_\_ 2<sup>nd</sup> CHOICE \_\_\_\_\_

WILL YOU NEED AIRFARE THROUGH PRINCESS?: NO \_\_\_\_\_ YES \_\_\_\_\_ CITY \_\_\_\_\_

WOULD YOU LIKE CAROLE TO ASSIST YOU WITH AIRFARE?: YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU CRUISED WITH PRINCESS BEFORE? \_\_\_\_\_

DO YOU WISH TO PURCHASE TRAVEL INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

ANY SPECIAL MEDICAL PROBLEMS, DIETARY NEEDS, OR OCCASION?  
\_\_\_\_\_

**DEPOSIT REQUIRED: \$250.00 per person**

**CHECKS MAY BE MADE PAYABLE TO: THE CRUISE COMPANY**

**MAJOR CREDIT CARD:**

Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Three-digit security code on back of credit card: \_\_\_\_\_

Signature: \_\_\_\_\_

**QUESTIONS? CALL CAROLE: 440-526-9080 OR 1-800-899-7327**

**Mail to:** THE CRUISE COMPANY  
11012 TANAGER TRAIL  
BRECKSVILLE, OHIO 44141  
FAX: 440-526-9181