|  |  |
| --- | --- |
| Total number of travelers |  |

**Lead client information**

Your name as it appears on passport or Government issued ID.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First |  | Middle |  | Last |  | Suffix |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: | Month |  | Day |  | Year |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mailing Address |  | | | | |
| City |  | State |  | Zip |  |
| Email Address |  | | | Phone |  |

**Are you traveling with minors that require a traveling with minor authorization form? If so, don’t forget to prepare the appropriate forms you’ll need.**

**What Form(s) of ID will you be providing?**

|  |  |
| --- | --- |
|  | Passport Only |
|  | Passport and Driver’s License |
|  | Driver’s License |
|  | Driver’s License and Birth Certificate |
|  | Other form of ID (please specify) |  |

**Do you have a current passport?**

|  |  |
| --- | --- |
|  | YES, I DO HAVE a Passport |

|  |  |  |  |
| --- | --- | --- | --- |
| Nationality |  | Date of Issue |  |
| Issuing Country or Province |  | Date of Expiration |  |
| Place of Birth |  |  |  |

|  |  |
| --- | --- |
|  | **NO, I DO NOT have a Passport** - "Passport Waiver" - (For Cruises that leave and return to the USA). I will NOT travel with a passport. I am traveling with a government issued ID and raised-letter birth certificate. I understand that if I disembark in a foreign country (including most Caribbean Islands), I will need to get a US passport before I can fly back to the USA. |

|  |  |
| --- | --- |
|  | **NO, I DO NOT have a Passport. I have applied and am waiting for it to arrive.** |

**Emergency Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relation to You |  |
| Email Address |  | Phone Number |  |
| Mailing Address |  | | |

|  |  |
| --- | --- |
| **Do you have any pre-existing medical conditions we should be aware of when quoting travel insurance? Answer YES or NO.** |  |

|  |  |
| --- | --- |
| **Please list any allergies we should be aware of so we can notify our suppliers.** |  |

**Additional travelers on the reservation**

|  |  |
| --- | --- |
| Lead Passenger Name on Reservation |  |

Your name as it appears on passport or Government issued ID.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First |  | Middle |  | Last |  | Suffix |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: | Month |  | Day |  | Year |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mailing Address |  | | | | |
| City |  | State |  | Zip |  |
| Email Address |  | | | Phone |  |

**Are you traveling with minors that require a traveling with minor authorization form? If so, don’t forget to prepare the appropriate forms you’ll need.**

**What Form(s) of ID will you be providing?**

|  |  |
| --- | --- |
|  | Passport Only |
|  | Passport and Driver’s License |
|  | Driver’s License |
|  | Driver’s License and Birth Certificate |
|  | Other form of ID (please specify) |  |

**Do you have a current passport?**

|  |  |
| --- | --- |
|  | YES, I DO HAVE a Passport |

|  |  |  |  |
| --- | --- | --- | --- |
| Nationality |  | Date of Issue |  |
| Issuing Country or Province |  | Date of Expiration |  |
| Place of Birth |  |  |  |

|  |  |
| --- | --- |
|  | **NO, I DO NOT have a Passport** - "Passport Waiver" - (For Cruises that leave and return to the USA). I will NOT travel with a passport. I am traveling with a government issued ID and raised-letter birth certificate. I understand that if I disembark in a foreign country (including most Caribbean Islands), I will need to get a US passport before I can fly back to the USA. |

|  |  |
| --- | --- |
|  | **NO, I DO NOT have a Passport. I have applied and am waiting for it to arrive.** |

**Emergency Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relation to You |  |
| Email Address |  | Phone Number |  |
| Mailing Address |  | | |

|  |  |
| --- | --- |
| **Do you have any pre-existing medical conditions we should be aware of when quoting travel insurance? Answer YES or NO.** |  |

|  |  |
| --- | --- |
| **Please list any allergies we should be aware of so we can notify our suppliers.** |  |