

Western Caribbean Cruise on Costa Mediterranea, December 15, 2007
REGISTRATION FORM

•Please print clearly or type on line•

Contact Information

**Name Must Be The Same As Name On Passport

First Name *Middle* *Last*

 Name as you would like it to appear on your name badge.

Date of Birth (MM/DD/YY)

Age

 Gender: Male Female

Address *City* *Zip Code* *State*

Home Phone

Work

Cell

E-mail address

Referred by

 Have you cruised on this cruise line before? Yes No

Do you have a "past cruiser" number? (if applicable) _____

Preferences

Type of cabin: _____

Bed preference: _____

 Inside Outside Balcony Suite Other

 Single Double/Queen

Requested cabin mate's name _____

Emergency Contact Information

**Required by cruise line

Name

Relationship

Phone Number

 Do you wish to purchase travel insurance? Yes No

**Make Checks Payable to: Spokane Dance **Credit card statements will indicate Spokane Dance as payee

Contact: Diane@DanceEscapes.com | Fax: 509-443-4698 or 509-487-0760 | Website: www.DanceEscapes.com