



FRIENDSHIP TOURS THE SHIP SHOP

705 Bloomfield Ave, Bloomfield, CT 06002
860-243-1630 • 800-243-1630

CRUISE RESERVATION FORM

GROUP: _____

SAILING DATES: _____

SHIP NAME & CRUISE: _____

ONE FORM PER PERSON

IMPORTANT—READ CAREFULLY:

- **Information provided on this form will used to create your reservation.** Be sure you are filling out this form with your Passport in front of you. Any changes made to reservations may incur fees or the purchase of a new ticket at your expense. If you do not have a Passport or are in the process of renewal it is your responsibility to provide the Passport information prior to final payment.
- **U.S. Citizens:** Passports must be valid at least 6 months past return date. On certain sailings you will be denied boarding the aircraft and/or ship and no refunds will be made if your Passport is not valid for the proper length of time.
- **NON U.S. Citizens:** Please advise the Ship Shop at time of reservation if you are not a U.S. Citizen. It is your responsibility to obtain the proper documentation for travel to the countries on your itinerary (i.e. Visas, ETA's, etc). The Ship Shop is not responsible if you do not have proper documentation and are denied boarding or entry into that country.

GUEST INFORMATION AS APPEARS ON PASSPORT:

First Name _____ Middle _____ Last _____

Street _____ City _____

State _____ Zip _____ Phone: Home _____ Mobile _____

Email _____

Date of Birth _____ Citizenship: _____

Passport # _____ Issue Date _____ Exp Date _____

CRUISE REQUESTS:

Category 1st choice _____ Category 2nd Choice _____ Occupancy: Single / Double / Triple / Quad

Dining: Circle Choice: Early Sitting / Late Sitting / Flexible

Roommate Name(s): _____

Special Occasion / Diet / Other: _____

Mobility Needs* (i.e. wheelchair at airport / pier) _____

*If you are bringing a wheelchair/Scooter or would like to rent one—call the Ship Shop for further information

Cruise Line Loyalty # (if applicable) _____

Emergency Contact (name & phone) _____

PAYMENT / TRIP PROTECTION COVERAGE:

Mail one form per person with your deposit to:

The Ship Shop, 705 Bloomfield Ave, Bloomfield, CT 06002

Deposit: See Flyer **Check Payable to:** The Ship Shop

Credit Card Payments:

Card # _____

Exp Date _____ Sec Code _____

TRIP PROTECTION COVERAGE (see separate page for description & cost):

Please add coverage to my reservation (payable by credit card only)

_____ Basic Plan _____ Enhanced Plan (Enhanced due within 14 days of initial deposit)

For Office Use Only

Date Received _____

Cabin Category _____

Cabin # _____

Reservation # _____

Res Made w/: _____

Air City: _____

Notes:

Dep Amt _____ Dep Out _____ Dep TT _____

I acknowledge that I have read the Payment & Cancellation Policies on the flyer and understand Proof of Citizenship requirements.

Guests Signature _____ Date _____