

Watercolor Cruise Registration Form

Cabin Category: Inside Outside

Passenger Names

(please provide legal names as noted on your passport or birth certificate)

1st Passenger: _____ **Date of Birth:** _____

2nd Passenger: _____ **Date of Birth:** _____

3rd Passenger: _____ **Date of Birth:** _____

4th Passenger: _____ **Date of Birth:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Numbers

Home: (____) _____ **Work:** (____) _____

E-mail Address: _____

Dinning Request: Early Late

Deposit Amount Enclosed: \$ _____ (Make check payable to *CRUISES ONLY*)

Credit Card Deposit

American Express Mastercard Visa Other:

Credit Card Number: _____

Cardholder's Name: _____ **Expiration Date:** _____

Call for additional information and mail or fax the form to:

Charlie Wahlberg

Your Group Cruise Consultant

3046 Corporate Way

Miramar, FL 33025

1 (800) 777-0707 Ext. 82286

Confidential Fax Number: (954)436-3696

E-mail: charlie.wahlberg@cruisesonly.com