

Date \_\_\_\_\_

Clerk \_\_\_\_\_

# CRUISE DATA AND RESERVATION SHEET

1.	NAME OF CLIENT _____	DATE _____
2.	ADDRESS _____	ZIP CODE _____
3.	TELEPHONE (HOME) _____ (BUSINESS) _____	
4.	TOTAL NUMBER OF PARTY _____	COMPRISED OF: ADULTS _____ CHILDREN _____
5.	NAMES OF PARTY MEMBERS _____	A OR C _____
	_____	A OR C _____
	_____	A OR C _____
	_____	A OR C _____
6.	NEW _____	REPEAT _____ LAST TRAVELLED _____
7.	DEPARTURE DATE _____	ALT. DEPARTURE DATE _____ TOTAL VACATION DAYS _____
8.	PRIOR VACATIONS _____	SUCCESSFUL/UNSUCCESSFUL _____
	_____	SUCCESSFUL/UNSUCCESSFUL _____
	_____	SUCCESSFUL/UNSUCCESSFUL _____
9.	SPECIAL INTERESTS/DESTINATIONS _____	
10.	LINE _____	SHIP _____ SAILING DATE _____
11.	ALT. LINE _____	ALT. SHIP _____ ALT. SAILING DATE _____
12.	ACCOMODATIONS _____	REQUESTED _____ OFFERED _____
	A. Type, Category, Cabin No. or Description (Bed type) _____	_____
	B. Price (Cruise Only) _____	_____
	Air Allowance _____	_____
	Air Add-on _____	_____
	C. Air/Sea _____	_____
	Air/Sea City _____	_____
	D. Option Date _____	_____
	E. Deposit Amount _____	_____
	When Due at Line _____	_____
	F. Insurance (check one) _____	Offered <input type="checkbox"/> Declined <input type="checkbox"/> Type: _____
	G. Port and Departure Taxes _____	_____
	H. Extras (Pre-Post-Cruise Pck.) _____	_____
	I. Amt. Final Payment from Client _____	_____
	When Due at Line _____	_____
	J. Form of Payment _____	_____
	K. Amount paid/date _____	_____
	L. Amount paid/date _____	_____
	_____	_____
13.	CITIZENSHIP _____	SPECIAL DIET/OCCASION _____
14.	DINING ROOM SITTING 1 <sup>ST</sup> _____ 2 <sup>ND</sup> _____	SMOKING Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	TABLE WITH (NUMBER) _____	SEATED WITH _____
16.	RESERVATIONS MADE BY _____	DATE _____ BOOKING# _____
	OFFERED BY _____	ACCEPTED BY _____ GIFT ORDER SENT _____
17.	AIR/SEA ONLY FLIGHT NOS. / _____	DEPARTURE TIMES / ARRIVAL TIMES / SEAT ASSIGN / _____
18.	DOCUMENTS RECEIVED _____	CHECKED BY _____ DELIVERED _____ DATE _____