

APOLLO TRAVEL, INC. CRUISE INFORMATION SHEET (9/09)

All information is needed for completion of your booking and document printing.
All Information must be correct. Please print clearly. **RETURN BY FAX OR MAIL.**
A VALID PASSPORT IS REQUIRED FOR ALL PASSENGERS TO SAIL.

GROUP NAME: Brevard Network Cruise **Group Leader:** Michael Gall

Full legal NAME as it appears on your Passport **Date of Birth (required)**

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Address/City/State/Zip Code _____

Phone (hm) _____ Phone (wk/cel) _____ Email _____

A VALID PASSPORT IS REQUIRED TO CRUISE or BOARDING WILL BE DENIED:

Passport Number _____ City of Issue _____
Passport Number _____ City of Issue _____

Date of Issue _____ Passport Expiration Date _____ All Passengers US CITIZENS? YES NO
Date of Issue _____ Passport Expiration Date _____ All Passengers US CITIZENS? YES NO

Emergency Contact Name & Phone Number (required) _____

Dining Preference: Main Seating 6:30pm Second Seating 8:00pm (All dining is non-smoking)

Seated with: _____

Stateroom Interior Oceanview OCV/Balcony OCV/Balc/Suite Deposit Paid: \$ _____
Category: _____

ALL INFORMATION ABOVE IS CORRECT, I UNDERSTAND BOARDING WILL BE DENIED TO ANYONE WITHOUT A VALID PASSPORT. CRUISE/TRAVEL INSURANCE IS NOT INCLUDED, BUT HIGHLY RECOMMENDED. ADD INSURANCE _____ I WAIVE COVERAGE _____

X _____ **X** _____ _____
SIGNATURE SIGNATURE DATE