

Sea Magic Cruise Registration Form

Individual Booking # _____

***Complete ALL Sections #1-6 + "ACCEPT OR DECLINE" Insurance**

1. *Legal Last Name (passenger 1)		*Legal Last Name (passenger 2)	
*Legal First Name	Middle	*Legal First Name	Middle
Name you prefer to be called		Name you prefer to be called	
Date of Birth		Date of Birth	
Address		Address	
City, State, Zip		City, State, Zip	
Phone (home)	(cell)	Phone (home)	(cell)
Email:		Email:	
<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Male	<input type="checkbox"/> Single
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Female	<input type="checkbox"/> Married
Citizenship Country	Country of Birth	Citizenship Country	Country of Birth
Passport #	Issue Date	Passport #	Issue Date
Issuing Authority	Expire Date	Issuing Authority	Expire Date
Emergency Contact Person - Name	Relationship	Phone	
Address, City, ZIP			

Destination: Love Boat Theme
Sail Date: Oct 22-29, 2022
Ship: Discovery Princess
Group: Sea Magic Cruise 7D (TPM/X242)
****Must be booked through Paradise Travel****
Reservation & Contact Information
 Send Registration Form with credit card info to:
 Michelle Kinkaid (Travel Agent & Group Leader)
 671 Athens St., San Francisco, CA 94112
 Phone: 415-802-3325
 Email: michellekinkaid5678@gmail.com
 Web: www.michelledance.com/events.html
(see website for cruise details)

Cruise Documents Required* & Info
*** Passport required - must be valid for 6 months past the cruise return date**
 *If you have a non-U.S. Passport, please verify any documents that are required with your Consulate.
 Your registered name for the cruise and the name on your Passport **must match exactly - no exceptions!** This is a U.S. & International law. Failure to provide correct information and documentation can result in denied boarding.
 *Cruise rates are subject to change
 Travel Insurance is highly recommended
 Completing this form accepts Cruise Passage Contract

2. Cruise Fees* (cruise only-per person/dbl occupancy, port charges) + tax & fees

Select Cabin Type:	Fare Type: Saver / Plus	Psgr #1	Psgr #2
<input type="checkbox"/> Suite Cabin	pp		
<input type="checkbox"/> Mini Suite Cabin	pp		
<input type="checkbox"/> Balcony Cabin	pp		
<input type="checkbox"/> Balcony Cabin-obstructed	pp		
<input type="checkbox"/> Outside Cabin	pp		
<input type="checkbox"/> Inside Cabin	pp		
<i>Single person supplement rate</i>	pp		
<i>3rd person in cabin</i>	pp		
<input checked="" type="checkbox"/> Tax & Government Fees	pp	\$145.00	\$145.00 usd
<input type="checkbox"/> Vacation Protection Insurance Std / Plat	pp		
<input type="checkbox"/> Cruise Bus Transfers: \$68 rt / \$34 ow	pp		
<input type="checkbox"/> Airfare (from city):	pp		
<input type="checkbox"/> Date: Dep & Return	pp		
<input checked="" type="checkbox"/> Group Fee	pp	\$70.00	\$70.00 usd
Total Amount Due		\$	\$ usd

3. Cabin Details

a) Sharing Cabin with: _____
Write cabinmate name here if using a separate form.

b) Request Ship Area, Deck, Cabin # _____

c) Have you sailed with Princess before? _____
 List Captain's Circle # P1 # _____
 P2 # _____

d) Bed Configuration: 2 Twins 1 Queen

e) Complimentary upgrade if available Yes No

4. Fare Type: Princess Plus Saver

5. Vacation Protection Insurance (CHECK ONE)

Check one
 Accept
 Decline

Insurance Cost is % of Cruise Fare
 -Standard Care @ 8%
 -Platinum Care @ 12%
(see princess website for coverage details)

*Deposit & details may vary with Promotions

Deposit (Standard deposit 20%) **Final Payment (by 7/20/22)**

\$ _____ usd \$ _____ usd

Payment method (CC / FCD) Payment method (CC / FCC)

NOTE: Agency may assess \$100 Cancellation/Processing Fee in addition to fees imposed by Cruise Line. Change fees may apply: \$25/change after booking. Rates/Details subject to change. I accept Cruise Passage Contract.

Authorized Signature (Passenger #1)

Authorized Signature (Passenger #2)

6. Credit Card Information

M/C Visa AmEx Discover

CC# _____

Exp Date: _____ Security Code _____

Name as it appears on your credit card
 Name _____
 Billing Address _____
 Same as above _____