

Passenger 1 - Preferred First Name: _____

Age
 Weight (kg)

Please provide details of all medical conditions, medications & allergies (use separate page if necessary):

Please provide details of any food allergies or special dietary requirements:

Please provide details of alcohol preferences and quantity required during cruise:

Passenger 2 - Preferred First Name: _____

Age
 Weight (kg)

Please provide details of all medical conditions, medications & allergies (use separate page if necessary):

Please provide details of any food allergies or special dietary requirements:

Please provide details of alcohol preferences and quantity required during cruise:

Please Note: If you are over 80 years of age or have a serious medical condition, we will send you a form when you book for your Doctor to read and sign. Confirmation of your booking is provisional upon the return of this form.

Celebrations: Are you celebrating a special occasion on board? Please include date of birthday or anniversary.

Transport: Do you intend to fly or drive to the point of departure of this cruise?

Emergencies: Who should we contact in case of an emergency?

Name: _____ Relationship: _____

Phone: _____ Alternative number: _____

Where did you hear about us?

Newspaper: Please advise which one: _____

Trade Show: Please advise which one: _____

Internet Word of Mouth Other: _____

I/We confirm that I/we have read and accept the Terms & Conditions for this booking:

Passenger 1 Signature _____ Passenger 2 Signature _____