

CBM 2024 CLIENT INFORMATION FORM

Clearly print your full name (first/middle/last) as it appears on your government issued travel document. Mark blanks **N/A** if the information does not apply to you. Blanks with an * are required information.

IMPORTANT: In order to avoid any unnecessary change fees, it is imperative that all guest names are correct when booked. The information below must be the legal name and be 100% identical to your ID.

Passports must be valid for at least 6 months after your cruise. Green cards and Enhanced WA Drivers Licenses are acceptable for entry into Canada. Non-US citizens, check with your embassy to see if a visa is required.

PASSENGER 1

First: _____ Middle: _____ Last: _____ Suffix: _____

Name you go by: _____ Gender: Male Female Birth Date: (MM/DD/YYYY) _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Passport or Green Card Number: _____ Issue Date _____ Expiration Date _____

Country of Issue: _____ I prefer Inside Cabin Balcony Cabin

Should you become ill or injured, whom should we contact (person not traveling with you):

Emergency Contact Name: _____ Phone: _____

Email Address: _____

PASSENGER 2 (If you do not have roommate yet, mark the name blanks N/A. Call us with a name as soon as possible.)

First: _____ Middle: _____ Last: _____ Suffix: _____

Name you go by: _____ Gender: Male Female Date of Birth: (MM/DD/YYYY) _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Passport or Green Card Number: _____ Issue Date _____ Expiration Date _____

Country of Issue: _____

Should you become ill or injured, whom should we contact (person not traveling with you):

Emergency Contact Name: _____ Phone: _____

Email Address: _____

FLIGHT INFO:

We can help you book flights, or you can book your own. Boarding begins at 1:00 pm. Passengers must be onboard no later than 3:00pm. Return flights out of Seattle should not be before 12:00 pm.

TRAVEL PROTECTION is Highly Recommended and a quote will be included on your invoice.

Yes, I wish to purchase travel protection **No**, I decline insurance.

Please return this Client Information Form by mail or email:

Admiral of the Fleet® Cruise Center - 14400 NE Bel-Red Rd Ste. 103 - BELLEVUE, WA 98007-3952

Email: cruises@admiralcruises.com or melanie@admiralcruises.com

PLEASE CALL WITH A CREDIT CARD DEPOSIT: 425-644-7447

Signature: _____ Date: _____

Comments: _____