

NonStop Travel

1599 Washington Street
Braintree, MA 02184
Tel (781) 848-3266 • Fax (781) 380-8777
www.nonstopcruises.com

* NAME _____
* ADDRESS: _____

PHONE: Work: _____ * Home: _____ Cell: _____

EMAIL: _____

* LEGAL NAMES OF PASSENGERS: _____ D.O.B. _____
_____ D.O.B. _____
_____ D.O.B. _____
_____ D.O.B. _____

* EMERGENCY CONTACT: _____ Phone #: _____

CABIN CATEGORY: INSIDE OCEAN VIEW BALCONY SUITE

DO YOU WANT A CABIN ASSIGNMENT OR GUARANTEE? _____

- A guarantee means that you are guaranteed to get the category you paid for with a possibility of an upgrade at no extra charge; assignment means that you are given a specific cabin with no chance of an upgrade. Triples and quads are assignment only.

IS AIR TRANSPORTATION NEEDED? _____ (If yes, from what city?)

DINING PREFERENCE: EARLY LATE OPEN
(early seating is at 6:00pm, late seating is at 8:30pm and open seating is no specific seating arrangements)

ARE THERE ANY SPECIAL PHYSICAL, MEDICAL, OR DIETARY NEEDS? YES NO
(please specify) _____

ARE YOU CELEBRATING ANY SPECIAL OCCASIONS? (birthday, anniversary, etc) _____

DO YOU WANT TO PURCHASE TRAVEL INSURANCE? YES NO

HAVE YOU EVER CRUISED BEFORE? YES NO
(If yes, on what cruise line?)

<input type="checkbox"/>	RCCL	member #	_____
<input type="checkbox"/>	NORWEGIAN	member #	_____
<input type="checkbox"/>	HOLLAND AMERICA	member #	_____
<input type="checkbox"/>	CELEBRITY	member #	_____
<input type="checkbox"/>	CARNIVAL	member #	_____

* This information is required by law

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* IDENTIFICATION: **PASSPORT INFORMATION**

(All United States citizens are required to have a passport regardless of age)

Name:
Number:
Place of Issue:
Date of Issue:
Date of Expiration:

Name:
Number:
Place of Issue:
Date of Issue:
Date of Expiration:

Name:
Number:
Place of Issue:
Date of Issue:
Date of Expiration:

Name:
Number:
Place of Issue:
Date of Issue:
Date of Expiration: