

To make your reservation, complete the form and fax, email or call
Crafting Cruises, a division of **The Cruise Crew** Los Angeles, CA cst#2085607-40
Lorelle Hardt Ph: 1-877-419-1783, Fax: 509-847-6013 Email: lorelle@thecruisecrew.com
5th Australian Quilt Cruise 31st January, 2018
RESERVATION FORM *Please read carefully

Please print (print first and last names as they appear on your passports)

How did you find out about the cruise (referred by) _____

Name _____ DOB _____ Citizenship _____

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Note: Some Staterooms can accommodate up to 4 passengers. Most triple and quad cabins do not allow for choice of bedding, these are twin uppers and lowers (bunk style), only balconies and suites have sofa beds Separate registrations forms required for each stateroom.

Address: _____

City: _____ State _____ Zip/Postcode: _____ Country _____

Home Phone: _____ Work or Cell Phone: _____

Email: _____

Cabin Type: Suite ___ Balcony ___ Oceanview ___ Inside ___ Bed Configuration Twin (2 single) ___ Double ___

If you require triples, quads, or multiple cabins together, you may be required to get a higher category stateroom.

Note ONLY balconies and suites have sofa beds for 3rd and 4th occupants.

Additional information (PLEASE NOTIFY US IF YOU NEED special diet, use oxygen, wheelchair, use insulin, etc) _____

Have you cruised before: No ___ Yes ___ What Lines? _____ past guest no. _____

(Do not book own air until notified by us or until you let us know).

My Time Dining (group requested) 6:00pm-9:30pm ___ other choices Early (6:15pm) ___ Late (8:30pm) ___

Will you need transfers from the airport to the ship? (Taxi or train are suggested over cruise lines transfers) No ___ Yes ___

Travel Protection: Travel protection is NOT included: Please notify if you want cruise lines insurance. Yes ___ (notify by final payment). I understand travel protection is not included and will purchase my own travel insurance.

Signature _____

Charge deposit of (US) \$450.00 per person **We require a separate payment after final payment time for classes.**

I understand travel protection is not included and I will purchase my own travel insurance .

Credit Card # _____ ON FILE _____

Name on card _____ ON FILE _____

I authorize The Cruise Crew to charge the deposit and final payment to my credit card in accordance with the above payment schedule. I will notify The Cruise Crew if I wish to use a different credit card for final payment.

Signature: _____

PLEASE NOTE: A travel agreement and trip protection form will be emailed following your reservation form. All forms (travel agreement, credit card authorization) **MUST BE RETURNED NO LATER THAN 30 DAYS after deposit, or your reservation may be canceled.**