



Send Form & Payments to:
MoonLight Cruises
PO BOX 83518
Conyers GA 30013

Phone: 770-322-1047
Toll-Free: 1-877-MCRUISE
Fax: 404-419-6427

Cruise Registration Form

TRIP NAME:

TRAVEL DATE:

Please Fill Out This Form Completely. Sign and Return with Payment.
One Form Per Person or Household - Please Print

Enter Your Legal Name As Shown On Your Birth Certificate or Passport.

Guest # 1	Mr / Mrs / Ms. First	MI	Last
Address			Apt #
City	State	Zip	
Phone (H)	(W)	Email	
Date of Birth	US CITIZEN? Yes or No	FAX	
Total # of Guests in Your Room	_____ (including yourself)		
Guest # 2		Date of Birth	Male/ Female
Guest # 3		Date of Birth	Male/ Female
Guest # 4		Date of Birth	Male/ Female

TRAVEL INFORMATION

Cabin Type:	Occupancy:	Price and Category:	Dining	Celebrations:	Other:
Inside	Double -2 people	Your Price? \$	Early 6pm	Birthday	Add Gratuities To My Invoice <input type="checkbox"/>
Ocean View	Triple - 3 people	Category/Deck:	Late 8pm	Anniversary	Add Transfers To My Invoice <input type="checkbox"/>
Balcony	Quad - 4 people	Your 1st Cruise? Yes No	With Group	Honeymoon	
Suite	Single - 1 person	Special Diet: Bland Diabetic Kosher		Reunion	

I would like to Dine with: _____ **Group Leader Name/ Referred By:** _____

Please Read and Sign Below: Your Cabin will not be Reserved until we receive a Signed Registration Form.

Terms and Conditions:

I acknowledge that I have read this registration form completely and the information I provided is accurate. I understand that my deposit is non-refundable and other cancellation penalties will apply depending on the cancel date. I understand that if my roommate(s) cancel, my rate will change. I understand that ALL monies must be paid by the final payment date. If my balance is left unpaid, my cabin will be cancelled within 5 business days after the final payment date. A reservation reinstatement fee will be charged if space is still available. Prices for reinstated cabins may be higher than the initial rate. A \$50 per person administration fee will be charge by our agency, regardless to the cancel date.

Guest Signature: _____

Date: _____

Payment Information

Circle Payment Method: CreditCard DebitCard Check# Money Order

IF The Credit Card Holder is Not A Traveling Passenger on this Vacation, We Need a Completed Credit Card Authorization Form with

A Copy of the Cardholder's Credit Card (Front and Back) and a Copy of Their Driver's License. No Exceptions!

Credit Card# _____ Exp Date _____

Cardholder Name (Please Print) _____ Total Amount \$ _____

Credit Card Billing Address _____ City, State, Zip _____

Cardholder Signature _____ Cardholder Phone # () _____

Official Use Only: Agent Name: _____ Today's Date: _____