



Cruise Reservation Form

School Group Information:

School/Group Name: _____

Group Leader Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____ Fax: _____

Cell: _____

Email: _____

Group Type: ☐ Band ☐ Choir ☐ Orchestra ☐ Dance ☐ Senior Class ☐ Educational

Ship: _____

Sail Date: _____

Number of Students: _____

Number of Chaperones: _____

Note: One Chaperon is required for every 10 students

Performance

☐ Yes, Group would like to perform on ship

Festival & Workshop

☐ Yes, Group would like to include a festival for \$35 additional per person (minimum of 50)

☐ Yes, group would like to include a workshop for \$35 additional (minimum of 50)

Travel Company (Note: All correspondence will be made through travel company unless requested.)

Travel Company Name: _____

Travel Agent Name: _____

Travel Company Address: _____

City State, Zip: _____

Work Phone: _____ Cell: _____ Fax: _____

Email: _____

Please complete this form and return it to our office. Thank you for your cooperation.