

# DISCOVERY PRINCESS CRUISE TO ALASKA - SEPTEMBER 14-21, 2024

## 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 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: \_\_\_\_\_ \*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: \_\_\_\_\_ \*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: \_\_\_\_\_

### 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](mailto:cruises@admiralcruises.com) or [melanie@admiralcruises.com](mailto:melanie@admiralcruises.com)

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

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_