

GET ON BOARD
CRUISIN
COUNTRY

Please mail or fax this form to your preferred Travel Agency
as listed on www.cruisincountry.com.au

CRUISIN COUNTRY REGISTRATION FORM		
Passenger Name :	Date of Birth	
Address Details:	Telephone	Mobile Phone
Passenger Name :	Date of Birth	
Address Details:	Telephone	Mobile Phone
Passenger Name :	Date of Birth	
Address Details:	Telephone	Mobile Phone
Passenger Name :	Date of Birth	
Address Details:	Telephone	Mobile Phone
Email address:		
Cabin grade requested:		
How many berths:		
Special requirements (eg diet, disabled cabin):		