

SIGN UP FORM

Legal Name _____

Address _____

City _____ State _____ Zip _____

Cabin Type? INSIDE OCEANVIEW BALCONY
 Double (2 people) Triple (3 people) Quad (4 people)

Gender of passenger: Female Male If Female: ARE YOU PREGNANT? YES NO

Date of birth: _____

Home Telephone: _____ Cell Phone: _____

Email address: _____

Past Guest: Yes No

If Yes, VIFP/Past Guest Number: _____

Military: Yes No

Emergency Contact Person (Cannot be traveling with you):

Relationship: _____ Telephone #: _____

Travel Document Type

Birth Certificate: Yes No

Passport: Yes No

If yes, Passport number: _____

Issue Date: _____ Expiration Date: _____

CABIN MATE(S): _____

DO YOU WANT TO PURCHASE THE VACATION PROTECTION PLAN? YES NO

DO YOU WANT TO RIDE THE CHARTERED BUS? YES NO

SIGNATURE: _____ DATE _____

**ACCEPTABLE FORMS OF PAYMENTS ARE CASH, CASHIER CHECKS
OR MONEY ORDERS PAYABLE TO *DKL TRAVEL***