

**Western Caribbean Cruise on Costa Mediterranea, December 15, 2007**

**REGISTRATION FORM**

•Please print clearly or type on line•

**Contact Information**

\*\*Name Must Be The Same As Name On Passport

\_\_\_\_\_  
First Name Middle Last

Name as you would like it to appear on your name badge.

\_\_\_\_\_  
Date of Birth (MM/DD/YY)

\_\_\_\_\_  
Age

Gender: Male  Female

\_\_\_\_\_  
Address City Zip Code State

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work

\_\_\_\_\_  
Cell

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Referred by

Have you cruised on this cruise line before? Yes  No

Do you have a "past cruiser" number? (if applicable) \_\_\_\_\_

**Preferences**

Type of cabin: \_\_\_\_\_

Bed preference: \_\_\_\_\_

Inside  Outside  Balcony  Suite  Other

Single  Double/Queen

Requested cabin mate's name \_\_\_\_\_

**Emergency Contact Information**

\*\*Required by cruise line

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

Do you wish to purchase travel insurance? Yes  No

\*\*Make Checks Payable to: Spokane Dance    \*\*Credit card statements will indicate Spokane Dance as payee

Contact: Diane@DanceEscapes.com | Fax: 509-443-4698 or 509-487-0760 | Website: www.DanceEscapes.com