IMPORTANT • RETURN THIS FORM TO YOUR TRAVEL PLANNER 120 DAYS PRIOR TO SAILING • IMPORTANT

• • • IMPORTANT NOTE: PLEASE MAKE COPIES OF THIS PAGE AS REQUIRED • • •

CRUISE ROOMING LIST

GROUP NAME _____ PAGE |___| OF |___|

SHIP NAME _____ SAILING DATE (MM/DD/YY) _____

Please PRINT the LEGAL FIRST & LAST NAMES AS STATED ON PASSPORT, DATE OF BIRTH and GENDER of each person staying in every cabin. DO NOT assign more than 4 persons to each cabin. Cabins MUST be filled to capacity. Your Final Invoice cannot be calculated without this Form. Make copies of this Form as required.

PLEASE PRINT LEGIBLY

LAST NAME (Same as Passport)	FIRST NAME (Same as Passport)	DATE OF BIRTH	GENDER
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F
_____	_____	___/___/___	M F