

Classic World Travel
 200 Commerce Drive, Peachtree City, GA 30269
 770-487-9529 770-874-1855 Fax

Cruiseline:		Ship Name:	
Departure Date:		Return Date:	
Cabin Type:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Balcony <input type="checkbox"/> Suite	

Please provide each passengers legal name as it appears on their passport

Passenger 1	First Name	Middle Name	Last Name	
	Birth Date:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Email:			
	Main Phone:		Cell Phone:	
	Address:			
	City:		State:	Zip:
	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		<input type="checkbox"/> Exp
	Deposit Amount:		Payment Amount:	
	First Name	Middle Name	Last Name	
	Birth Date:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email:				
Main Phone:		Cell Phone:		
Address:				
City:		State:	Zip:	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		<input type="checkbox"/> Exp	
Deposit Amount:		Payment Amount:		
First Name	Middle Name	Last Name		
Birth Date:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Email:				
Main Phone:		Cell Phone:		
Address:				
City:		State:	Zip:	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		<input type="checkbox"/> Exp	
Deposit Amount:		Payment Amount:		
First Name	Middle Name	Last Name		
Birth Date:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Email:				
Main Phone:		Cell Phone:		
Address:				
City:		State:	Zip:	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		<input type="checkbox"/> Exp	
Deposit Amount:		Payment Amount:		

