



CLIENT REGISTRATION FORM

* Required

Please complete and return with a photocopy of your valid passport

SECTION 1: TRAVELER INFORMATION

* Name as shown on your passport: _____

First

Middle

Last

(Jr., Sr.)

* Home Address: _____

* Passport Number: _____

* City: _____ * State: _____ * Zip Code: _____

* Passport Expiration Date: ____ / ____ / ____

* Email Address: _____

* Gender: _____ * Date of Birth: ____ / ____ / ____

* Phone Number: _____ Home / Cell

* Emergency Contact Name: _____

* List Medical/Dietary Concerns: _____

* Emergency Contact Phone #: _____

* Cruise Line # _____

* Global Entry/TSA Pre-Check #: _____

* Cabin preference: Inside Oceanview Balcony Suite

* Airline Frequent Flyer #: _____

* Dining Preference: Early Late Open

SECTION 2: GUEST INFORMATION

* Name as shown on your passport: _____

First

Middle

Last

(Jr., Sr.)

* Home Address: _____

* Passport Number: _____

* City: _____ * State: _____ * Zip Code: _____

* Passport Expiration Date: ____ / ____ / ____

* Email Address: _____

* Gender: _____ * Date of Birth: ____ / ____ / ____

* Phone Number: _____ Home / Cell

* Emergency Contact Name: _____

* List Medical/Dietary Concerns: _____

* Emergency Contact Phone #: _____

* Cruise Line # _____

* Global Entry/TSA Pre-Check #: _____

* Cabin preference: Inside Oceanview Balcony Suite

* Airline Frequent Flyer #: _____

* Dining Preference: Early Late Open

SECTION 3: INSURANCE

We strongly recommend purchasing Travel Insurance to cover your investment in case you need to cancel the trip for medical reasons or if the trip is cancelled due to supplier bankruptcies, etc. Insurance must be purchased no later than 14 days after the first deposit has been made. Plan costs are based on total trip cost and age PER PERSON. Insurance is non-refundable and non-transferable. You receive basic coverage in the event of unforeseen trip-related expenses such as: trip cancellation, interruption, and delay; emergency medical treatment or evacuation; lost, stolen or damaged baggage or travel documents; and baggage delay.

* I choose: (Check One)

To purchase the recommended travel insurance

To decline travel insurance at this time

Payment Methods: Check or Credit Card. If you prefer to pay by check, please make it payable to 'Krouse Travel.'

Email form and passport copy to:

Name on Credit Card: _____

Mindy@Vacaysbymindy.com

Credit Card #: _____

Expiration Date: ____ / ____ Security Code: _____

* Sign: _____

or mail to:
Krouse Travel
Attn: Mindy Eveler
1284 Greensprings Drive
York, PA 17402

* Date: _____