

**Cruise Respite/Care Givers REGISTRATION FORM**

**PREFERRED CABIN CATEGORY** \_\_\_ INTERIOR \_\_\_ OCEANVIEW \_\_\_ BALCONY

**NAMES MUST BE AS THEY APPEAR ON PASSPORT (Name Change fees will apply)**

1) NAME \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Month Day Year

Home Address \_\_\_\_\_ City \_\_\_\_\_

Prov/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Citizenship \_\_\_\_\_

I will require insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state type \_\_\_\_\_  
(Please initial) (Deluxe Package / Non-Medical Package / Medical Only)

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Name (as it appears on card) \_\_\_\_\_

By your following signature, you authorize Expedia CruiseShipCenters/Comox Valley to place your deposit, final payment and insurance premium on the above noted credit card.

Cardholder #1 Signature \_\_\_\_\_

2) NAME \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Month Day Year

Home Address \_\_\_\_\_ City \_\_\_\_\_

Prov/State \_\_\_\_\_ Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Citizenship \_\_\_\_\_

I will require insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state type \_\_\_\_\_  
(Please Initial) (Deluxe Package / Non-Medical Package / Medical Only)

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Name (as it appears on card) \_\_\_\_\_

By your following signature, you authorize Expedia CruiseShipCenters/Comox Valley to place your deposit, final payment and insurance premium on the above noted credit card.

Cardholder #2 Signature \_\_\_\_\_

\*WE ARE TRAVELLING WITH: \_\_\_\_\_

Please fax this registration form to: ( 250 ) 334-3040

BC Reg. 3520