Sonic Jones, CEO
Cell: 678-373-0975
Email: XFTravelBookings@gmail.com

Client Cruise Profile

Today's Date: _____ Email Address: _____

Full Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age *(at time of travel)* _____

Passport Number: *(if available but not required)* _____

Preferred Port of Call: _____ VIFP#: _____

Preferred Cruise Line: _____ Type of Cabin: _____

Transfers { } Yes { } No Pre-paid Gratuities { } Yes { } No *(if available but not required)*

Client wants travel Insurance { } Yes { } No *(Included in prices, recommended coverage to protect your vacation)*

Roommates Names Birthdates

1. Guest Name _____ Date of Birth: _____
2. Guest Name _____ Date of Birth: _____
3. Guest Name _____ Date of Birth: _____
4. Guest Name _____ Date of Birth: _____
5. Guest Name _____ Date of Birth: _____

Total Numbers of Travelers: _____

Preferred Dining Options: { } Early 6pm { } Late 8pm

Emergency Contact:

Full Name: _____

Home Number: _____

Cell Number: _____

Special Requests / Food Allergies

_____

_____

_____

_____

_____

_____