

Cruise Work Sheet

Date:		Classic World Travel 770-487-9529 770-487-9645 Fax			
Client Name:			Home Phone:		
Address:			Office Phone:		
City:			Fax:		
State		Zip:		Email:	
First Name (Legal Name)		Last Name (Legal Name)		Birthday	Age

Cruiseline:		Ship Name:				
Depart Date:		Return Date:		Nights:		
Air Depart City		Air Arrive City:		Air Return City:		
CABIN						
Inside	Outside	Balcony	Suite			
SEATING (Please Circle)						
Early	Late	No Smoke	Smoking			
Age Group		18-25	36-45	46-55	56 and Over	
RATES						
Passengers:	First	Second	Third	Fourth	Total	Book
Cruise Fare:						
Port Charges:						
Taxes:						
Cruiseline Air:						
Agency Air:						
Transfers:						
Insurance:						
Totals:						
Booking Number			Booking Date			Cabin #
Credit Card #:			Exp Date:		Check #	
Deposit \$:		Deposit Date		Final \$:		Final Date: