GoldenStarCruises

PASSENGER REGISTRATION FORM

RSV NOS.	
LAST NAME	
SAILING DATE	
SHIP	CABIN

Please complete the form below as required by international government regulations. The names entered below should appear exactly as they appear in your travel documents. Return this form by fax

FIRST PASSENGER			
TITLE	FIRST NAME	LAST NAME	
ADDRESS			
CITY	STATE	ZIP/POSTCODE	COUNTRY
FAX	PLACE OF BIRTH	DATE OF BIRTH (MDY)	CITIZENSHIP
PASSPORT NO	PLACE WHERE ISSUED	DATE ISSUED	EXPIRING DATE (MDY)

SECOND PASSENGER			
TITLE	FIRST NAME	LAST NAME	
ADDRESS			
CITY	STATE	ZIP/POSTCODE	COUNTRY
FAX	PLACE OF BIRTH	DATE OF BIRTH (MDY)	CITIZENSHIP
PASSPORT NO	PLACE WHERE ISSUED	DATE ISSUED	EXPIRING DATE (MDY)

THIRD PASSENGER (In the same cabin with the same home address)*			
TITLE	FIRST NAME	LAST NAME	
PLACE OF BIRTH	DATE OF BIRTH (MDY)	CITIZENSHIP	
PASSPORT NO	PLACE WHERE ISSUED	DATE ISSUED	EXPIRING DATE (MDY)

FOURTH PASSENGER (In the same cabin with the same home address)*			
TITLE	FIRST NAME	LAST NAME	
PLACE OF BIRTH	DATE OF BIRTH (MDY)	CITIZENSHIP	
PASSPORT NO	PLACE WHERE ISSUED	DATE ISSUED	EXPIRING DATE (MDY)

(*) For different home address, please complete a separate form

Payment by Credit Card

Please book as per the details given above and debit my Credit Card	Amount:	

Please charge my	VISA	DINERS	AMEX	MASTER	

Credit Card #		Exp. Date (m m / y y)	
Signature			
Date		Name on Card	