

# 4 SEASONS 15<sup>TH</sup> ANNUAL PARTY CRUISE

P.O. Box 983, Lithonia GA 30058 | Office: 770.482.5575 Fax: 770.482.1919  
www.fourseasonspartycruise.com

## General Information

Cabin Type:   
(1st Choice) Interior (U/L, 4A, 4B, 4C, 4D, 4E, 4I, PT) Ocean View (6A, 6B, 6C, 6D, 6E) Junior Suites (OB, OS) Penthouse Suites (GS)

Group's Ref. #:

Cabin Type:   
(2nd Choice) Interior (U/L, 4A, 4B, 4C, 4D, 4E, 4I, PT) Ocean View (6A, 6B, 6C, 6D, 6E) Junior Suites (OB, OS) Penthouse Suites (GS)

Number of Occupants:   
(Including you). Use an additional form if there are more than four (4) guests in a cabin.

## Registration Form - Guest #1

Title:  First Name:  Last Name:

Gender: M  F  Date of Birth:  /  /

Departing City:  Nationality:

Cell Phone:  Home Phone:  Past Guest:

Address:  Apt. / Unit:

City:  State / Province / Region:

ZIP:  Country:  T-Shirt Size:

Email:  Dining Preference:  Early Seating - 6PM  
 Late Seating - 8PM

## Registration Form - Guest #2

Title:  First Name:  Last Name:

Gender: M  F  Date of Birth:  /  /

Departing City:  Nationality:

Cell Phone:  Home Phone:  Past Guest:

Address:  Apt. / Unit:

City:  State / Province / Region:

ZIP:  Country:  T-Shirt Size:

Email:  Dining Preference:  Early Seating - 6PM  
 Late Seating - 8PM

Cruise-only rates are in US Dollars per guest, based on double occupancy. Government taxes and fees are included. Insurance is additional and highly recommended. Space is limited and rates are subject to availability.

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## Registration Form - Guest #3

Title:  First Name:  Last Name:

Gender: M  F  Date of Birth:  /  /

Departing City:  Nationality:

Cell Phone:  Home Phone:  Past Guest:

Address:  Apt. / Unit:

City:  State / Province / Region:

ZIP:  Country:  T-Shirt Size:

Email:  Dining Preference:  Early Seating - 6PM  
 Late Seating - 8PM

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## Registration Form - Guest #4

Title:  First Name:  Last Name:

Gender: M  F  Date of Birth:  /  /

Departing City:  Nationality:

Cell Phone:  Home Phone:  Past Guest:

Address:  Apt. / Unit:

City:  State / Province / Region:

ZIP:  Country:  T-Shirt Size:

Email:  Dining Preference:  Early Seating - 6PM  
 Late Seating - 8PM

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## Emergency Contact

Name:  Ph. Number:

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## How did you hear about us?

Our Website  Facebook  Twitter  Jazz Fest  Radio  Publication

Friend Referral  Special Event  Restaurant  Wrapped Vehicle  Billboard

Other Website Details:

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### Credit Card Authorization Form

I, First Name:  Last Name:

give Four Seasons Party Cruise authorization to charge my credit card in the amount of \$

Name as it appears on Card:

Credit Card Type:  Card Number:

Expiration Date:  /  /  Security Code:

### Billing Address

Address:  Apt./Unit:

City:  State:  ZIP:

Checking this box and my signature authorizes the agency to automatically charge my credit card on the deposit due dates for the respective amounts for my cruise and travel gratuities.

\*\* Please include a readable copy of the credit card (front and back) and a copy of a state issued ID or Driver's License.

A fax/faxed copy of this authorization shall be valid as the original.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

My signature indicates my acceptance of the non-refundable deposit policy and the cancellation terms as outlined on our website.