

Reservation Form

Please complete the following information and mail with your deposit to:
Sea Puffer Cruises PO Box 895 Ormond Beach, FL 32175

If you use supplemental oxygen or have chronic breathing problems, please complete the client information form and have your physician complete the medical information form. We should receive these as soon as possible after your reservation is made. Our therapists will contact you to assess your oxygen and mobility needs. Travelers not on oxygen are welcome to use our discounted group rates.

TRAVELER 1

NAME ON PASSPORT _____ **DOB** _____

PASSPORT NUMBER _____ EXP DATE _____ Citizenship _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

Person to contact in case of an emergency: _____

Their relationship to you: _____ Tel#: _____

TRAVELER 2

NAME ON PASSPORT _____ **DOB** _____

PASSPORT NUMBER _____ EXP DATE _____ Citizenship _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

Person to contact in case of an emergency: _____

Their relationship to you: _____ Tel#: _____

We will arrive prior to sailing and will need a hotel room.

We will stay in the port city after the cruise and will need a hotel room.

I have read, understood and agree to, the "Terms and Conditions".

I accept _____ decline _____ travel insurance.*

Signature of Traveler: _____

Deposit: \$_____ x ____ (number of passengers) = \$_____

Balance is due 75 days before departure. Monthly payments are an option without fees.

(You will receive a receipt for your deposit with the balance due date on it.)

I enclose a check_____, or wish to use the following credit card:

Card Number:_____ Expiration Date: _____

3 Digit Code on back:_____ or for American Exp 4 digit code on front:_____

Name on Card:_____

Signature of Cardholder: _____

**For an airline fare quotation or questions,
please call us at 1-866-673-3019**