



*SSOMS Windstar Wind Surf  
Registration Form  
Oct. 20-28, 2017*

Name: (Per passport) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport # \_\_\_\_\_

Passport expiration date \_\_\_\_\_

Name: (Per passport) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport # \_\_\_\_\_

Passport expiration date \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

If not listed above: Rooming with \_\_\_\_\_

SSOMS Silversea cruise per person category choice \_\_\_\_\_

**Deposit:** \_\_\_\_\_ based on 25% of cruise total

**For Single Supplement and 3<sup>rd</sup> guest in room, call for pricing**

Air quotes available by early December 2016

**Emergency contact name, phone and email** \_\_\_\_\_

**Travel Insurance will be available**

I accept insurance \_\_\_\_\_ (initial)

I decline insurance \_\_\_\_\_ (initial)

Custom Travel & Cruise strongly suggests that all clients have travel insurance. I, the undersigned, have been provided insurance and decline \_\_\_\_\_

(date) \_\_\_\_\_

Check ( ) If paying by check, please make check payable to Custom Travel & Cruise

Credit Card: Type \_\_\_\_\_

CC # \_\_\_\_\_ Exp Date \_\_\_\_\_

Sec. # \_\_\_\_\_

Name on card (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card billing address if different from above \_\_\_\_\_

---

Please use card for final payment when due. Yes ( ) No ( )

Please give us just a little further information.

1. Do you have any physical ailments or special needs? 2. Do you have trouble walking? \_\_\_\_\_

3. Do you have food allergies? \_\_\_\_\_

If so, please list.

4. Do you have friends or family that you would like a copy of the brochure?

If so, please list with their e-mail or home address.

---

---

Return registration form to:

**Linda Kinsey**

**Custom Travel & Cruise**

**4494 Stratford Drive**

**Douglasville, GA 30135**

**770-949-1133**

**Or fax to: 770-726-7884**