

**CRUISE REGISTRATION FORM  
CRUISE LINE & SHIP NCL PEARL**

**DATE OF CRUISE 12/05/2017**

**(PLEASE FILL ONE FORM PER CABIN AND PLEASE PRINT)**

**(YOU MUST USE LEGAL NAMES AS APPEARS ON PASSPORTS)**

**A MINIMUM OF \$75 NAME CHANGE FEE WILL APPLY FOR EACH INCORRECT NAME SUBMITTED TO CRUISE LINE**

**1<sup>ST</sup> PASSENGER \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_**

**YOUR PASSPORT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_**

**HAVE YOU CRUISED ON THIS CRUISE LINE? (YES OR NO) MEMBER # \_\_\_\_\_**

**2<sup>ND</sup> PASSENGER \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_**

**YOUR PASSPORT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_**

**HAVE YOU CRUISED ON THIS CRUISE LINE? (YES OR NO) MEMBER # \_\_\_\_\_**

**EMERGENCY CONTACT # AND NAME \_\_\_\_\_**

**ARE YOU AN AARP MEMBER? (YES OR NO) MEMBER # \_\_\_\_\_ EXP. \_\_\_\_\_**

**ARE YOU ACTIVE, RETIRED, VETERANS OR HONORABLY DISCHARGED? (YES OR NO) IF YES WE WILL NEED COPY OF YOUR DD214, ARE YOU ACTIVE OR RETIRED POLICE, FIRE OR EMT (YES OR NO)**

**WEDDING ANNIVERSARY DATE \_\_\_\_\_ BEDS TOGETHER (YES OR NO)**

**SPECIAL NEEDS \_\_\_\_\_**

**WHAT JURISDICTION DO YOU WANT TO CREDIT THIS CRUISE TO \_\_\_\_\_**

**CATEGORIES (CIRCLE ONE BELOW)**

**SUITE    BALCONY    OCEANVIEW    INTERIOR**

**GROUP TRAVEL (YES OR NO) INSURANCE \$ \_\_\_\_\_ PER PERSON, CHECKS ONLY PAYABLE TO ART ALLOY**

**STREET \_\_\_\_\_ CITY \_\_\_\_\_**

**STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DAY PHONE \_\_\_\_\_ HIS CELL PHONE \_\_\_\_\_**

**HER CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_**

**CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SEVEN # CODE ON BACK \_\_\_\_\_**

**I AUTHORIZE NCL TO USE THIS CREDIT CARD FOR PAYMENTS TOWARD THE SAILING REFERENCED ABOVE.**

**NAME ON CARD \_\_\_\_\_ SIGNATURE CARDHOLDER \_\_\_\_\_**

**SEND/EMAIL/CALL/FAX**

**ART & JO ALLOY \*\*135 BARNES ROAD\*\*LAURENS, SC 29360-8450**

**PH 864-833-1013\*\*FAX 864-833-1044**

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