



Date:

Source:

Booked C/L Group #:

Booked T.O.#:

Booked C/L Res#

Client Information	Lead Pax:	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	US Citz: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pax 2:	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	US Citz: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pax 3:	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	US Citz: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pax 4:	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	US Citz: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address 1		Address 2		
	Phone (home):	Phone (work)		Phone (mobile)	
Email:				<input type="checkbox"/> eSavers sent	

History	Past Cruises <input type="checkbox"/> Yes <input type="checkbox"/> No Qty:	Cabin Preference <input type="checkbox"/> Inside <input type="checkbox"/> Ocean View <input type="checkbox"/> Balcony <input type="checkbox"/> Suite
	<input type="checkbox"/> CCL <input type="checkbox"/> Celebrity <input type="checkbox"/> HAL <input type="checkbox"/> NCL <input type="checkbox"/> Princess <input type="checkbox"/> RCCL <input type="checkbox"/> Regent	Others:
	Likes <input type="checkbox"/> Formal <input type="checkbox"/> Casual Only <input type="checkbox"/> Active <input type="checkbox"/> Relax <input type="checkbox"/> Spa <input type="checkbox"/> Kids Programs <input type="checkbox"/> Enrichment <input type="checkbox"/> Food	
	Notes:	
Notes:		

Lead Specs	#Pax:	#Cabins:	Adults:	#Children:	<input type="checkbox"/> Inside <input type="checkbox"/> O/V <input type="checkbox"/> Balc <input type="checkbox"/> Suite	Cat:___
	Budget:					
	Destination:			Ship Preference:		
	Travel Dates:			Flexible? Yes No		
	<input type="checkbox"/> Cruise Only <input type="checkbox"/> Air/Sea:		Dining <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> _____	Table: <input type="checkbox"/> 2 <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrg		
	Ready to Book: <input type="checkbox"/> Yes <input type="checkbox"/> No		When:	Important <input type="checkbox"/> Value <input type="checkbox"/> Itinerary <input type="checkbox"/> Cruise Line <input type="checkbox"/> Dates		
	Already Quoted: <input type="checkbox"/> Yes <input type="checkbox"/> No Source/Price:					
<input type="checkbox"/> Honeymoon:		<input type="checkbox"/> Anniversary:		<input type="checkbox"/> Birthday:		<input type="checkbox"/> Other:

Travel Protection?
YES _____ NO _____
Provide information!

Credit Card #	- - -	Security Code:	
Exp Date:	-	Card Type:	VISA MC AMEX DISCV
Billing Address Same as Above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amt to Charge: \$	
Name on Card:			

PROPOSED CRUISES										
SHIP	Sail Date	Cat	Cabin	C/L Rate	Rate Code	Quoted Price	Port + Fees	Opt Exp Date	Resv. #	Agent Name