



Registration Form

Passenger Information

First Name:
Last Name:
Address:
City:
State:
Zip:
Birthday (with year of birth):
Are you a US Citizen?
Phone (H):
Emergency phone (contact telephone while cruising):
Email:

*****Proper names of passengers sharing a cabin with you.*****

Cabin Category you would like to reserve.....		
		Date Of Birth
1 st Passenger:		
2 nd Passenger:		
3 rd Passenger:		
4 th Passenger:		

____ Payment By Check
 Make check payable to Travel Time and mail to:
 5970 Deer Springs Lane NW
 Acworth, Ga. 30101

____ Payment by credit card
 Amount to charge _____
 Credit Card Number _____
 Expiration Date _____
 Today's Date _____
 Name on card _____
 Signature _____

Please Fax completed Form to 678-705-3675

Once your form is received a Travel Time Travel Agent will follow up with you to confirm your reservation. All questions can be emailed to singlescruise@blackoutproductionsatlanta.com or an agent can be reached at 678.574.4006