Passenger/Guest Registration Form A1515341 Please complete one form for **EACH** cabin & return with a \$500 deposit to: Group # Cabin # Let's Dance! 3525 Shannon Place, Pensacola, FL 32504 Check cabin choice: Guests are responsible for finding cabin mates Group Name: LET'S DANCE Dance Cruise Perks: Cabin selects [circle] 1 Choice: Option A or Option B * Sail Date: 02/11/2024 through 02/18/2024 **Cabin Option** Per person Option A Cost \$175 per guest **Pay Options** Cruise Line & Ship: Norwegian - Bliss Venmo or \$1380 Inside double * Beverage Package, Wi-Fi, Check, Credit Group Website: www.letsdancepensacola.com Specialty Dining, Excursion cards may have \$1600 Balcony double Credit, \$100 On Board Credit info@letsdancepensacola.com Email: Additional fees Club Balcony double \$1725 Option B No additional cost **Registration Coordinator:** * Referred by: Excursion Credit, Wi-Fi, Photo Balcony single guest \$2525 Jamie Hovt 850-554-2197 Package, \$200 On Board Credit Studio single guest* \$1960 **Angela Bewley** 706-424-3303 *Inside and Studio cabin picks two choices from either Option A or Option B Packages. **Included in the price:** Cabin Fare, Port Fees, Taxes, Cabin Gratuities, Most Food, Dance Fee and Bus to & from Host Hotel & Port. Prices subject to change. Names must appear exactly as they do on passports or official documents. Notes, discounts or special requests: Middle name is not required. "Known as Name" is your non legal or nickname, i.e. Tom for Thomas. All fields are required to complete the registration process Use additional forms as required to fill your cabin. Insurance Amount: If blank, Travel Passenger 1 Cruise Total: \$ Deposit Due At Time Of Booking: \$500 Insurance will not be added. \$ Remaining balance due September 14th, 2023 Special Needs: (including Travel Insurance) \$ Title Last First Middle Known As Name Male or Female DOB Citizenship Norwegian Latitude Number St Street Address City Zip Home Phone Mobile Phone Email Address Passport No. Passport Expiration Place of Birth **Emergency Contact Name Emergency Contact Number** Insurance Amount: If blank, Travel Passenger 2 Cruise Total: \$ Deposit Due At Time Of Booking: \$500 Insurance will not be added. \$ Remaining balance due September 14th, 2023 Special Needs: (including Travel Insurance) \$ Title First Middle Last Known As Name DOB Citizenship Norwegian Latitude Number Male or Female Street Address Zip Home Phone Mobile Phone Email Address Place of Birth Passport No. Passport Expiration **Emergency Contact Name Emergency Contact Number Cancellation Guidelines for Norwegian Cruise Line Trip Insurance Rates (Per Person)** Terms and conditions Days Prior to Sailing Penalty **Days Prior to Sailing** Rate **Penalty** Type Coverage will be available at time 75% Covers 75% of fare 31-60 days (out) of purchase. \$119 - \$139 Standard 91-119 days (out) 25% Rates vary depending on 50% Covers 90% of fare Platinum 61-90 days (out) 30 days or less (out) 100% cabin level and airfare. \$169 - \$199