



SEADREAM  
YACHT CLUB

**BOOKING DETAILS**

SeaDream I  SeaDream II  Reservation No.: \_\_\_\_\_ Sailing date: \_\_\_\_\_ Stateroom #: \_\_\_\_\_

**YOUR DETAILS**

Government Agencies require SeaDream Yacht Club to provide the information below before embarkation. In order to comply with these firm regulations, this form needs to be returned to us no later than 8 weeks before departure. By failing to provide the required information, boarding may be denied. **Please print your full name as it appears on your passport.**

**FIRST GUEST**  MR  MRS  MS  MISS OTHER \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Issue Place: \_\_\_\_\_

Expired at: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Country: \_\_\_\_\_ Place: \_\_\_\_\_

**SECOND GUEST**  MR  MRS  MS  MISS OTHER \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Issue Place: \_\_\_\_\_

Expired at: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Country: \_\_\_\_\_ Place: \_\_\_\_\_

**HOME ADDRESS DETAILS**

Address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Tel: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_

**MILESTONES ON BOARD DURING CRUISE**

Anniversary Date: \_\_\_\_\_

Other: \_\_\_\_\_

**ANYTHING ELSE?**

**YOUR STATEROOM**

**Bed configuration:**  Queen  Twin

**Staterooms with Queen Bed only: (no Twin possible)**

SeaDream I : 203, 204, 207, 208, 303, 304, 315, 319, 322

SeaDream II: 204, 205, 208, 209, 304, 305, 315, 319, 320

Prior to embarkation I can be contacted at: \_\_\_\_\_

Arriving flight: \_\_\_\_\_  
Airline \_\_\_\_\_ Flight number \_\_\_\_\_ Departure from \_\_\_\_\_ Dep. date \_\_\_\_\_ Dep. time \_\_\_\_\_ Arriving at \_\_\_\_\_ Arr. date \_\_\_\_\_ Arr. time \_\_\_\_\_

**DIETARY REQUESTS**

**Vegetarian ?** \_\_\_\_\_

**Diabetic ?** \_\_\_\_\_

**Allergic to:** \_\_\_\_\_

Please return this form as soon as possible to fax number +(1) 305-631-6110 or E-mail to [info@seadream.com](mailto:info@seadream.com) or mail to SeaDream Yacht Club, 601 Brickell Key Drive, Suite 1050 Miami, FL 33131