

VOYAGE NUMBER	DEPARTURE DATE	CABIN #	BOOKING REF#

PASSENGER 1		PASSENGER 2	
Gender	Male ___ / Female ___ (please check)	Male ___ / Female ___ (please check)	
Last Name			
First Name			
Birth Date (dd/mm/yy)			
Nationality			
Passport#			
Expiration Date (dd/mm/yy)			
Street Address			
City/State/ZIP/Country			
Telephone			
Email Address:			

IN CASE OF EMERGENCY CONTACT:

Name	
Address	
Telephone	
Relationship	

CONTACT IN TAHITI

Arrival Date:	Arrival Flight# to Papeete:	Pre-Cruise Hotel or contact in Papeete:
Departure Date:	Departure Flight# from Papeete:	Post-Cruise Hotel or contact in Papeete:

MEDICAL DECLARATION

	PASSENGER 1	PASSENGER 2
1. Do you have allergies ?	Yes___ No ___ Specify:	Yes___ No ___ Specify:
2. Do you follow a special diet or have any dietary restrictions or needs ?	Yes___ No ___ Specify:	Yes___ No ___ Specify:
3. Are you currently following any special medical treatment?	Yes___ No ___ Specify:	Yes___ No ___ Specify:
4. Do you require the assistance of a cane or any other apparatus for walking or wheelchair to get around ?	Yes___ No ___ Specify:	Yes___ No ___ Specify:
5. Are you suffering from a serious ailment or condition and/or requires the use of any medical apparatus (such as breathing tubes, oxygen tanks, etc...)	Yes___ No ___ Specify:	Yes___ No ___ Specify:
6. Do you have medical insurance? Insurance Carrier & Policy#	Yes___ No ___ Specify: Carrier: Policy# Telephone#	Yes___ No ___ Specify: Carrier: Policy# Telephone#
7. Do you have medical/evacuation insurance? Insurance Carrier & Policy#	Yes___ No ___ Specify: Carrier: Policy# Telephone#	Yes___ No ___ Specify: Carrier: Policy# Telephone#

WHILE THERE IS NO AGE LIMIT REQUIREMENT, WE SUGGEST THAT ALL PASSENGERS BE IN GOOD PHYSICAL CONDITION. THERE ARE NO HANDICAP FACILITIES ON BOARD. THE RIGHT IS RESERVED TO REFUSE PASSAGE TO ANYONE IN SUCH A STATE OF HEALTH OR PHYSICAL CONDITION AS TO BE UNFIT TO TRAVEL OR WHOSE CONDITION, FOR WHATEVER REASON, MIGHT BE DANGEROUS TO THE INDIVIDUAL OR OTHER PASSENGERS. CRUISE LINES ARE NOT RESPONSIBLE FOR HOSPITAL, MEDICAL, AND/OR EVACUATION CHARGES INCURRED BY PASSENGERS. WE RECOMMEND STRONGLY THAT PASSENGERS OBTAIN THE NECESSARY INSURANCE TO COVER MEDICAL, TRAVEL CANCELLATION AND/OR INTERRUPTION. PLEASE CONSULT YOUR AGENT.

Signature of Passenger 1

Date

Signature of Passenger 2

Date