

**PASSENGER MANIFEST FORM**

Please fill out and mail or fax back to us as soon as all info is complete!

Name :1. \_\_\_\_\_ 2. \_\_\_\_\_

Cruise Date and Itinerary: \_\_\_\_\_ Cabin \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Food Allergies:1. \_\_\_\_\_ 2. \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_

Arrival Time/ Airline/ Flight # \_\_\_\_\_

Departure Time/Airline/ Flight # \_\_\_\_\_

Pre or Post Cruise Hotel: \_\_\_\_\_

This is for Customs & Immigration, Please be clear and complete!

**Full Name AS IT APPEARS ON YOUR PASSPORT and Passport Number-**

1. \_\_\_\_\_ pp# \_\_\_\_\_

2. \_\_\_\_\_ pp# \_\_\_\_\_

**Date of Birth/Nationality: 1:** \_\_\_\_\_ **2:** \_\_\_\_\_

Atlantic Star Lines may for any reason whatsoever cancel any sailing at any time including the event of a full-ship charter. In such events, ASL's only liability will be to refund the passenger the amount received for the cruise ticket.

All cancellations inside of 60 days, for any reason, must be received in writing/email and will be subject to a \$100-per-person administrative fee. Cancellations occurring within 39 days of departure or nonappearance will result in forfeiture of the entire cost of the trip. We strongly suggest purchasing travel insurance.

**I have read the above and acknowledge the terms.**

**Signature:** \_\_\_\_\_

**PLEASE FILL OUT AND SEND TO:**

**ATTN: Courtney van Beuren Atlantic Star Lines 1 CHRISTIE'S LANDING NEWPORT, RI 02840**

**Scan/email to: [cvb@atlanticstars.com](mailto:cvb@atlanticstars.com) (form on web under TRAVEL FORMS & FAQ's)**

**OR FAX TO 401-849-3023 – Thank you for being prompt, I appreciate it.**

*All itineraries and stops are subject to the Captain's discretion and may vary due to weather and unforeseen circumstances.*