

PASSENGER MANIFEST FORM-Please fill out and mail or fax back to us.

Name :1. _____ 2. _____

Cruise Date and Itinerary: _____

Street Address: _____ **State:** _____

Cell Number: _____ **Alt Phone:** _____

Allergies:1. _____ 2. _____

Date of Arrival: _____ **Departure:** _____

Pre or Post Cruise Hotel: _____

Driving? _____ **Parking Lot if driving** _____

Flight Info:Airport/Airline: _____

Flight # and Arrival Time: _____

Flight # and Departure Time: _____

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 1 CHRISTIE'S LANDING NEWPORT, RI 02840 OR

FAX TO 401-849-3023 – THANK YOU!

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