Rotary

Sailing for Service

CRUISE CONNECTIONS

MULTI-DISTRICT ROTARY CRUISE

APRIL 10–14, 2028

CRUISE INTAKE FORM

Please complete this form so that Cruise Connections can assist you with planning your perfect cruise experience.

PRIMARY CONTACT INFORMATION

Full Legal Name *(as it appears on your ID)*: _____

Date of Birth (MM/DD/YY): _____

US Citizen? ☐ Yes ☐ No

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

PREFERRED ACCOMMODATION *(Check all that interest you)*

☐ Inside Cabin ☐ Outside Cabin ☐ Balcony Cabin ☐ Suite

Note: Final availability and pricing will be provided by Cruise Connections.

Any dietary or physical concerns? _____

Bed Configuration: ☐ Twin ☐ Together

ROTARY INFORMATION

Rotary District #: _____

Rotary Club Name: _____

WHO WILL BE CRUISING WITH YOU?

Please list names, dates of birth, and indicate if a child.

☐ Traveling alone

☐ Traveling with a spouse/partner.

Legal Name: _____

Date of Birth (MM/DD/YY): _____ US Citizen? ☐ Yes ☐ No

☐ I am traveling with Family/Friends in the same cabin.

Legal Name *(as it appears on ID)*	Date of Birth (MM/DD/YY)	Child? (Check if Yes)	US Citizen? (Check if Yes)
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

ADDITIONAL INFORMATION *(Optional)*

Special requests or notes: _____

Thank you! We look forward to helping you set sail for service!

RETURN TO THE DISTRICT OFFICE

1619 N. Brian Street, Ste. B
Orange, CA 92867

CRUISE CONNECTIONS

OFFICIAL BOOKING ONLY – NO EXCEPTIONS.
To attend this Rotary cruise, all participants must book through our official provider, Cruise Connections.

Deposit is $100 per person based on double occupancy / $200 per person based on single occupancy and 10% for suites.

CABIN TYPE SELECTED

☐ Inside Cabin _____
☐ Outside Cabin _____
☐ Balcony Cabin _____
☐ Suite _____
Other Notes: _____

FOR CRUISE CONNECTION USE ONLY

Cardholder Name: _____
Card Type: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover
Card Number: _____
Exp. Date: _____ CVV: _____
Billing Zip Code: _____
Authorization Code (if applicable): _____

DEPOSIT / PAYMENT INFORMATION

Deposit Amount: $ _____
Date Received: _____
Amount Paid: $ _____
Payment Method: _____
Notes: _____