

Immigration Information

The following information is required prior to sailing. Please return this information or email it to Colleenc@VacationsShop.com or VLockman@VacationShop.com or on line: www.VacationShop.com/WP1970.html

Or Mail to: Carlson's VacationShop PO Box 1029 Monroe, WA. 98272-4029

Guest 1

Guest 2

First Name:	_____	_____
Middle Name:	_____	_____
Last Name:	_____	_____
Email address:	_____	_____
Date of Birth:	_____	_____
Home Address:	_____	_____
City/state/zip code:	_____	_____
Phone Contact:	_____	_____
Emergency	_____	_____
Contact person:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Country of Residence:	_____	_____
Passport number:	_____	_____
Date of issuance:	_____	_____
Expiration date:	_____	_____
Where issued:	_____	_____
Non US Citizens: Visa information:	_____	_____
Past Passenger Number:	_____	_____

Credit card number and expiration date for your ship board account.
