

Group Event Charge Request

.....
Company Legal Name _____

Company Address _____

(Address must be the same as Company check- No P.O. Boxes)

City _____ State _____ Zip Code _____

Company Phone # _____ Ext. _____

Cell Phone _____ Fax _____

Nature of business _____

Email Address _____

.....
Group Name _____

Group Leader's full Name _____ Tel: _____

Cruise Line _____ **Ship Name** _____

Sailing Date (s) _____ (200____) **Destination** _____

.....
Please provide us with a detail per day list of your Cruise event/activity and price below:
(e.g. D.J. night, band, workshops, seminars, time, etc.). **All activities are subject to approval by the Cruise Line.**

- DAY 1 _____
- DAY 2 _____
- DAY 3 _____
- DAY 4 _____
- DAY 5 _____
- DAY 6 _____
- DAY 7 _____

If you need more space, just attach a typed page with this form.

Price per person = \$ _____

.....
Owner/Manager Signature Required.

Signature: _____ **Date:** _____

Print: _____

Sun Travel Online, LLC

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