



**Registration Form – Hotel - London**

PLEASE PRINT CLEARLY OR TYPE

**SUBMIT REGISTRATION FORM TO SUNDANCER CRUISES BY MAIL OR PDF VIA EMAIL**

First Name		Last Name	
Address			
City	State	Zip Code	Country
Home Phone	Work Phone	Cell Phone	
Email Address			<input type="checkbox"/> Male <input type="checkbox"/> Female

**HOTEL ROOM MATE INFORMATION**

First Name		Last Name	
Address			
City	State	Zip Code	Country
Email Address:	Relationship		<input type="checkbox"/> Male <input type="checkbox"/> Female

**GROUP HOTEL INFORMATION PRE-CRUISE (All Prices pounds at time payment processed)**

nHow London City	Pricing: See separate document		
<input type="checkbox"/> Standard Double Occupancy	<input type="checkbox"/> King Bed	<input type="checkbox"/> Queen Bed	<input type="checkbox"/> Twin Beds
<input type="checkbox"/> Standard Single Occupancy	<input type="checkbox"/> King Bed	<input type="checkbox"/> Queen Bed	<input type="checkbox"/> Twin Beds
<b>Select Dates Pre-Cruise</b>			
<input type="checkbox"/> 8/21/2025	<input type="checkbox"/> 8/22/2025	<input type="checkbox"/> 8/23/2025	<input type="checkbox"/> 8/24/2025
<b>Select Dates Post-Cruise</b>			
<input type="checkbox"/> 9/4/2025	<input type="checkbox"/> 9/5/2025	<input type="checkbox"/> 9/6/2025	<input type="checkbox"/> 9/7/2025

**PAYMENT BY CREDIT CARD - Please Check Type of Credit Card Below**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Your name as it appears on the credit card			
Credit Card Number <i>(best to provide by phone for security)</i>			
CVC=Card Verification Code	Expiration Date	Billing Zip Code	
If billing address differs from above address, please list entire address here:			
Other comments or instructions:			
Signature:			Date:

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