

2018 St. Louis Cardinals Cruise

Registration Form

FIRST PASSENGER

FULL LEGAL NAME: _____

As it appears on proof of citizenship... valid passport preferred.

NICKNAME FOR NAME BADGE: _____ DATE OF BIRTH: _____

CITIZENSHIP: U.S. Other (Please specify) _____

HOME ADDRESS: Street _____

City _____ State _____ Zip _____

EMAIL: _____ DAYTIME PHONE: _____

SECOND PASSENGER

FULL LEGAL NAME: _____

As it appears on proof of citizenship... valid passport preferred.

NICKNAME FOR NAME BADGE: _____ DATE OF BIRTH: _____

CITIZENSHIP: U.S. Other (Please specify) _____

CABIN CATEGORY DESIRED: 1ST CHOICE: _____ 2ND CHOICE: _____

PERSONAL / MEDICAL INFORMATION: (Please specify passenger)

SPECIAL DIETARY REQUESTS: _____

ACCESSIBILITY NEEDS: _____

METHOD OF PAYMENT / CREDIT CARD AUTHORIZATION (Please check a box)

ENCLOSED IS MY CHECK MADE PAYABLE TO ALTAIR TRAVEL & CRUISE IN THE AMOUNT OF:
\$ _____ FOR DEPOSIT

ALTAIR TRAVEL IS AUTHORIZED TO CHARGE \$ _____ TO MY CREDIT CARD FOR DEPOSIT
CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

PRINT NAME: _____

SIGNATURE _____



Please mail deposit and completed form to:

Attn: Sherry
Altair Travel & Cruises
2025 S Brentwood Blvd
St. Louis, MO 63144

