

CRUISE QUOTE SHEET

Client's Name:
Client's Phone #: ()Cruise Line:
Cruise Line Phone #: () Website:
Ship Name:
Departure Date: / Time: Day of Week:
Arrival Date: / Day of Week:
Ports of call guest would like to visit:
Number of Adults Children: (ages,)
Dining Preference: Early Late other:
Prices:
Cabin Type:
Rate for 1 st & 2 nd guest in a cabin \$ (Price is per person)
Price for 3 rd & 4 th guest in a cabin \$ (Price is per person)
Non-Comm. \$ (Per person)
Pre-paid Gratuity \$ (Per Person)
Transfers \$ (Per Person)
Adult Insurance \$ (Per Person)
Airfare Added on \$ (Per Person)
TOTAL CABIN PRICE \$
Booking #
1st Deposit Due Date
2nd Deposit Due Date
Final Payment Due: