



FRANCIS
TRAVEL
MARKETING

The following information is required for on-board administration by Lueftner. Please complete and return to your travel agent/Francis Travel Marketing as soon as possible.

NAME OF SHIP: _____ SAILING DATE: _____

TRAVEL AGENT/ADDRESS: _____

TRAVEL CONSULTANT: _____

*****PLEASE COMPLETE NAMES BELOW AS PER PASSPORT DETAILS*****

FIRST PASSENGER

SECOND PASSENGER

MR / MRS / MISS / MS: _____

SURNAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

MOBILE NUMBER: _____

(IF YOUR MOBILE WONT BE IN USE, PLEASE PROVIDE US WITH ALTERNATE CONTACT DETAILS)

EMERGENCY CONTACT DETAILS: _____

(NAME & SURNAME, RELATION, STREET ADDRESS WITH SUBURB & POST CODE, AND PHONE NUMBER)

NEW ZEALAND DEPARTURE DATE: _____

EMAIL ADDRESS: _____

OTHER SPECIAL REQUESTS: _____

MEDICAL / DIETARY: _____

Francis Travel Marketing
137 Sunnybrae Road, Glenfield, Auckland
P.O. Box 1310, Auckland
DX CX10152, Auckland
Phone 64 9 444 2298, Facsimile 64 9 442 4228
email enquiries@francistravelmarketing.co.nz www.francistravelmarketing.co.nz



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PRE CRUISE DETAILS

FLIGHTS: _____

(AIRLINE, FLIGHT NUMBER, DEPARTURE & ARRIVAL POINTS, DEPARTURE & ARRIVAL TIMES)

ACCOMMODATION: _____
(NAME, STREET ADDRESS WITH SUBURB, COUNTRY & POST CODE, AND PHONE NUMBER)

INTERNATIONAL CONTACT NUMBER: _____
(WHERE YOU WILL BE STAYING PRIOR TO THE CRUISE)

TRANSFER DETAILS

MODE OF TRANSPORT TO THE VESSEL: _____

MODE OF TRANSPORT FROM THE VESSEL: _____

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