CORAL PRINCESS CRUISES

Dream - Explore - **Discover**

SOLAR ECLIPSE CRUISES - RESERVATION FORM

NAMES OF ALL ……..……..

PASSENGERS: ……..……..

POSTAL ADDRESS: .....

……..……..

EMAIL ADDRESS: .....

TELEPHONE: ( ) ..... MOBILE: …… FAX: ( ) .....

ARE YOU A CORAL PRINCESS PAST PASSENGER? ***YES*** ❑ ***NO*** ❑

Previous cruise details and date travelled: ……..

I wish to make a cruise booking: 4 Night Solar Eclipse Cruise – departing 13 November 2012 ❑

6 Night Solar Eclipse Cruise – departing 10 November 2012 ❑

ACCOMMODATION REQUIRED: ..... Cabin ..... Stateroom

…… Upper-deck Stateroom ..... Deluxe Stateroom

PREFERRED BEDDING CONFIGURATION: …….Double …… Twin ……Triple (Stateroom only)

NUMBER OF PERSONS: ..... Adults ..... Children (4-14) ..... Children (<4)

PAYMENT AUTHORISATION

To confirm my cruise I wish to pay: ❑ 10% deposit $..... *or* ❑ Full Payment $.....

By one of the following payment types:

❑ **CHEQUE/MONEY ORDER ENCLOSED**

❑ **DIRECT DEPOSIT** –

Bank Name:	Commonwealth Bank
Account Name:	**Coral Princess Cruises (NQ) Pty Ltd**
Branch:	76 Lake Street
	Cairns QLD 4870
Branch Code (BSB):	064804
Account Number:	13513918
Swift Code:	CTBAAU2S

❑ **CREDIT CARD** *(Please complete following)*:

❑ DINERS ❑ MASTERCARD ❑ VISA ❑ AMEX

Credit Card Number: ….....

Name *(as shown on Card):* .....

Expiry Date: ...../.....

I have read the terms and conditions outlined in the brochure and agree to abide by them. I confirm the balance of $..... will be paid 60 days prior to departure and if electing to pay by credit card I authorise Coral Princess Cruises to debit the balance from my Credit Card. **Signature** (as shown on card)..... **Date:** ...../...../.....

Please Return To: ***Coral Princess Cruises***

PO Box 2093 Cairns, Queensland, Australia, 4870

Email: ***cruise@coralprincess.com.au*** *Web Site:* ***www.coralprincess.com.au***

Ph: ***+61 7 4040 9999*** *Fax:* ***+61 7 4035 5995*** *Freecall (within Australia)* ***1800 079 545***