

ROYAL CARIBBEAN

Name _____

Conf. # _____

Address	City and Zip
_____	_____

Phone	Reservation Amount	Commission	My Portion	PMT Date
_____	_____	_____	_____	_____

Email	Ship / Cabin Type	Dates Booked
_____	Ship: _____	Check in: _____
@ _____	Cabin Type: _____	Check out: _____

Port of Departure	Cruise Length	Crown & Anchor Society?	Dining
_____	_____	YES NO	5:30 8:00 MT _____

Paid in Full By	Penalty Free Cancel Ends	Last Day to Add Travel Insurance	Advanced Booking Date
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
✓ box when paid in full	Non Suites 90 days out/Sutes 120 days out	Due day before PIF	Occurs 1st of the month PRIOR to sailing

Special Needs	Last Day to Add Transfer	Gratuities	Travel Insurance
YES _____ NO	<input type="checkbox"/> _____	<input type="checkbox"/> _____	YES NO POI
	✓ box if purchased. Due before final pmt	✓ box if prepaid	POI (planning on it)

Others Attending (add children birthdates and ages)

_____	_____
_____	_____
_____	_____
_____	_____

Note: (desired room location / special needs such as handi cap bathroom)

Insurance \$

Deposit \$

Needs: Diaper Disposal Playyard Bottle Serilizer Stroller Power Strip Booster Seat(s)

Royal Caribbean Log In Info:

Getting There Questions

Driving	Flying	Airline:	Conf #:
Flight # _____ from _____ to _____	Flight # _____ from _____ to _____		
Takeoff _____ am pm Landing _____ am pm	Takeoff _____ am pm Landing _____ am pm		

Dates on Calendar ☐ | Input in CRM ☐ | On Commission Log ☐ | New Client Emails Sent ☐
 Email Logged ☐ | New Booking Mailer Sent ☐ | Special Needs Info Sent ☐
 60 Day Out Mailer Sent ☐ | Room Gift Sent ☐ | Thank you Card Sent ☐