

PLEASE COMPLETE THIS FORM AND RETURN WITH DEPOSIT. STATE NAMES AS PER PASSPORT
IF YOU WOULD LIKE FLIGHT ARRANGEMENTS TO BE MADE FOR YOU PLEASE INDICATE BELOW. FLIGHT QUOTES WILL BE PROVIDED IN 2010

GENERAL INFORMATION FOR COUPLE

Last Name of Applicant: _____

First Name of Applicant: _____ Middle Name: _____

Date of Birth of Applicant: _____ Male Female

Email: _____

Mailing Address: _____

City: _____ Country: _____ Postal Code: _____

Home Phone: _____ Alt Phone: _____

Last Name of Spouse: _____

First Name of Spouse: _____ Middle Name: _____

Date of Birth of Spouse: _____

CHILDREN ATTENDING

Child#1 Name: _____	DOB: _____	Age: _____
Child#2 Name: _____	DOB: _____	Age: _____
Child#3 Name: _____	DOB: _____	Age: _____
Child#4 Name: _____	DOB: _____	Age: _____
Child#5 Name: _____	DOB: _____	Age: _____

CRUISE STATEROOM

Interior Ocean View Balcony

FLIGHT

Please make Flight arrangements I will make my own flight arrangements

PERSONAL PRIVACY CONSENT FORM

To: Rhema Ministries of Canada (Rhema)

The Applicant consents to the collection of any personal information required for the following purposes:

- To process applications for cruise event;
- To provide requested information;
- For communication with me, and to provide service and administration on my behalf;

Accordingly, and only for the above purposes, I:

- Authorize Rhema to obtain and/or disclose personal information about me to third parties providing travel services.
- Agree that all personal information I provide to Rhema Cruise will be complete, accurate and up-to-date.

I Accept Signature of Applicant: _____ Date: _____

