



BTS CRUISE CENTER OF BALTIMORE

Individual Stateroom Registration Form

US Mailing Address: 1424 E Joppa Road Towson, Maryland 21286

Telephone Number: (410) 825-9887 Fax Number: (410) 825 – 7254 Email sunnithecruiselady@btscruise.com

Please complete this form for individual stateroom selection within a group. You must use your full legal name on this form. Ask your travel agent if a passport is required for this sailing.

Group Name:	WCBM	Ship:	Enchantment OTS	Sail Date:	10/14/2022
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Name: _____ DOB: _____ Citizen of: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Name: _____ DOB: _____ Citizen of: _____ Phone #: _____

Name: _____ DOB: _____ Citizen of: _____ Phone #: _____

Name: _____ DOB: _____ Citizen of: _____ Phone #: _____

Category / Stateroom Preferred: _____ Dining Preference: Early, Late or Open

Dine with: _____

Deposit enclosed: \$ _____ Credit Card #: _____

Card Holder's Name: _____ Expiration Date: _____

Signature for credit card charges: _____

Auto Charge Option: Charge my card \$ _____ on the (circle one) 1st or 15th of each month, beginning _____ until paid.

NOTE: Final Payment will be charged on Due Date.

OPTIONAL INFORMATION FOR PROMOTIONS THAT MAY BE APPLICABLE

Are you a past passenger of this line? _____

If yes – Loyalty Number (If available, if not, we will look up): _____
