

# FAM-CRUISE REGISTRATION

REGISTRATION FOR A BINDING PARTICIPATION IN OUR FAM CRUISE

## Traveler:

Title: \_\_\_\_\_ / M  F  D

\_\_\_\_\_  
Adresse

\_\_\_\_\_  
Name, First Name (as per passport)

\_\_\_\_\_  
Street / House No.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Postal Code, City

\_\_\_\_\_  
Nationality

\_\_\_\_\_  
Country

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail

## Emergency Contact:

\_\_\_\_\_  
Name, First Name – Phone Number/Email

## Arrival Details:

## Departure Details:

## Intolerances:

With this signature, I confirm that the above-mentioned data may be forwarded to the reservation department for booking. I also acknowledge that in the event of an unjustified no-show, a cancellation fee of EUR 150, - per person will be borne by me.

Place, Date

Signature

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