



Reservations Center
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Family Weeks Cruise Application

(Completed for ages 17 and under)

Dear Parents,

Please complete the following application so we can get to know your child better before their cruise. This simple form is a supplement to the Cruise Application/Liability Waiver which must be completed by all children (5-17) before their vacation.

_____/_____/_____/ _____ Destination: _____
Departure Date

Confirmation # _____

Personal Information

Child's name (Please give full name): _____

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

Phone: _____ E-mail: _____

Birthday: _____ Sex: _____ Weight: _____ Height: _____ Grade Level: _____

Favorite foods: _____

Favorite movies: _____

Favorite hobbies: _____

What do you look forward to doing most on your cruise? _____

Have you traveled on an Aggressor before? _____ If so, which ones? _____

Activities Information

Has your child completed swimming lessons? ___ Yes ___ No Additional courses: _____

Please rate your child's swimming ability: ___ Beginner ___ Intermediate ___ Advanced

Does your child have any snorkeling experience? ___ Yes ___ No How many times? _____

Has your child completed a snorkeling course? ___ Yes ___ No Related courses: _____

Please mail, fax or e-mail the completed form to the above address.