



**Immigration Form for International Travel – Cruises and Tours**  
*Please, make sure first, middle and last names are as they appear on passport. – Thank you.*

**SECTION 1– PERSONAL DATA**

- **First Name**  
 \_\_\_\_\_  
(As it appears on passport)
- **Middle Name**  
 \_\_\_\_\_  
(As it appears on passport)
- **Last Name**  
 \_\_\_\_\_  
(As it appears on passport)

**Date of Birth:** \_\_\_\_\_ **Age at Time of Departure:** \_\_\_\_\_

**Citizenship** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_ **City of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Mailing address City State Zip Code

**Home Ph.** \_\_\_\_\_ **Cell Ph.** \_\_\_\_\_ **Work Ph.** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Frequent Flyer #** \_\_\_\_\_ **Airline** \_\_\_\_\_

**Passport Number** \_\_\_\_\_ **Date Issued** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Issuing Country** \_\_\_\_\_

**Issuing Authority and Location**

Please note that all passengers traveling by air between the U.S. and Canada, Mexico, Central and South America, the Caribbean, and Bermuda will be required to present a valid U.S. passport beginning January 8, 2007. Even if your cruise does not involve air travel outside the U.S., should you be required to unexpectedly depart a vessel prior to the end of the sailing, a passport would be required to re-enter the U.S. by air. As such, Italian Dream Vacation continues to strongly recommend that all passengers are in possession of a passport. Information regarding the passport requirements is available at [www.travel.state.gov](http://www.travel.state.gov). Foreign nationals should contact their governments for further details. Many countries require your passport to be valid for six months from the completion of your travel. Check your passport to ensure it will be valid for this period of time. Please ensure the name on the passport matches the name on the booking. Additionally, ensure your passport contains blank pages for entry and exit endorsements and any visas that may be required. If necessary, allow sufficient time to renew your passport and/or obtain additional pages.

**SECTION 4 - EMERGENCY CONTACT (only for Cruise and Tours passengers)**

First Name

Last Name

Address:

Mailing address

City

State

Zip Code

Day Phone:

Evening Phone:

Relationship to Passenger:

**SECTION 3 - VISA (if applicable)**

Visa Number

Date Issued

Expiration Date

Issuing Country

Alien ID Number (if applicable)

**SECTION 5 - SPECIAL REQUESTS**

**a) SHIPBOARD ACCOUNT (only for Cruise passengers)**

- Providing the Cruise Company with this information establishes your shipboard account, expedites your check-in procedures and is kept confidential. Card must be valid for the length of the cruise.

**Important Note: Boarding Passes will be provided only after Shipboard account has been established.**

- Please, call me to use a different Credit Card from the one used for booking the cruise.

**b) MEDICAL CONDITIONS (Cruise and Tour passengers)**

- Creating the most personalized travel experience for you is very important to us. Please help us by indicating your preferences. Italian Dream vacation will submit your requests to the Cruise Lines and/or Tour Operators. The requested service is not guaranteed until approved by the provider.

- Wheelchair-needs assistance to embark & disembark
- I use a wheelchair, can't stand or walk
- Limited mobility, no wheelchair needed
- I use a wheelchair, can climb a few stairs
- Uses wheelchair, reserved for onboard use
- Scooter, can't stand or walk
- Dialysis (equipment not supplied)
- Pregnant
- Blind
- Oxygen via tank
- Hearing Impaired
  
- Non-smoking hotel room

**c) DIETARY SPECIAL REQUIREMENTS (Cruise and Tour passengers)**

We want to make sure your food and accommodation experiences are the best they can be. Please let us know if you require any of the following. The requested service is not guaranteed until approved by the provider.

➤ **I have the following special needs** (please limit to two requests)

- Vegan**
- Low fat/Fat free**
- Lactose intolerant**
- Gluten free/No wheat**
- Baby food**
- Vegetarian**
- Low salt/Low sodium**
- Kosher diet/Frozen food**
- Low cholesterol**
- High chair required**
- Rollaway bed requested (limited quantity)**

**d) SPECIAL OCCASIONS**

➤ Please, let us know if you are celebrating one of the following during your travel.

- Honeymoon**
- Graduation**
- Retirement**
- Birthday**
- Anniversary**
- Other**
- None**

**CLIENT SIGNATURE**

**DATE**