

Please complete and send to:

Tour organizer: RIVER CLOUD CRUISES GmbH,
Ballindamm 17, 20095 Hamburg, Germany
Telefon +49-40-30 95 92-0, Telefax +49-40-30 95 92-22
E-Mail: info@seacloud.com

Performing Carrier: Schiffahrts-Gesellschaft River Cloud mbH & Co. KG, Hamburg

Registration form RIVER CLOUD

Please print in capital letters.

Cruise No.	Departure Date Cruise			Cabin No.	Number of travellers	Price per person
	Day	Month	Year			

Name and address of passenger

Surname		First name	
Street			
City		State/Country	Postal Code
☎ Home: Phone	☎ Fax	☎ Office: Phone	☎ Fax
☎ Cellular	E-Mail	Person to contact in case of emergency + phone number	

Arrival information

Arrival by car/train/plane (Flight No. _____),

Date of arrival _____, Time of arrival _____

Airport/Train station _____, Hotel _____

Departure information

Departure by car/train/plane (Flight No. _____),

Date of departure _____, Time of departure _____

Airport/Train station _____, Hotel _____

Traveller

Surname	First name	Date of birth			Place of birth	Nationality	Sex m/f
		Day	Month	Year			
1.							
2.							

Passport No.	Place issued	Date issued	Expiration date
1.			
2.			

The "Terms & Conditions of Travel of the Company RIVER CLOUD CRUISES GmbH in its capacity as Tour Organizer" and the "General Conditions of Transportation of Messrs. Schiffahrts-Gesellschaft River Cloud mbH & Co. KG" are valid. I accept these terms and conditions with my signature on this form.

X

Place/Date _____ Signature _____

I herewith confirm that I received the "Terms & Conditions of Travel of the Company RIVER CLOUD CRUISES GmbH in its capacity as Tour Organizer for the MS RIVER CLOUD" and the "General Conditions of Transportation of Messrs. Schiffahrts-Gesellschaft River Cloud mbH & Co. KG, Hamburg for the carriage of Passengers on the MS RIVER CLOUD".

X

Place/Date _____ Signature _____