GUEST PERSONAL INFORMATION



Each passenger must complete & return to service@coralexpeditions.com

PERSONAL DETAILS				
Full Name (As in Passport)		Gender		
Preferred Name for name badge (If differen	nt)			
Date of Birth	Date of Travel			
Home Address				
Phone Number	Email	Email		
EMERGENCY CONTACT Name	Contact Numl			
ONBOARD REQUIREMENTS				
Dietary or Medical Requirements (please li	st)			
Special Occasions / Requests (eg. Birthday	/ anniversary, please inc	clude date)		_
COVID VACCINATION STATUS				
Vaccination Status: M	ost Recent Vaccinatio	n Date:		
Comments:				
TRAVEL ARRANGEMENTS Pre-cruise Flight Details	Flight number	From / To	ETA	
Due envice Assessment define	i ngrit namber			
Post-cruise Flight Details	Flight number	From / To	ETD	
Post-cruise Accommodation				

STATEMENT INSURANCE

Please consider Remote Area Evacuation when purchasing your policy.

Travel Insurer Insurance Policy Number

Acknowledging the recommendation to take remote area evacuation insurance, I hereby accept full responsibility for any incurred charges resulting from a medical evacuation, and authorise Coral Expeditions to bill these charges to me. I accept that the need for a medical evaluation is solely determined by the vessel Master in consultation with regional health authorities.

SAILSAFE DECLARATION

] I understand it is a condition of travel to be fully vaccinated for COVID-19 and be able to provide proof of this if required by state or territory authorities.

] I understand that it is a requirement to produce a negative RAT within the 24 hours prior to embarkation in order to board the vessel.

I understand and accept that there is an inherent risk of exposure to COVID-19 on any travel experience and that I must comply with state and territory marine regulations for positive cases or close contacts including isolation directions during the voyage. Coral Expeditions will provide all assistance but I will be responsible for my own onward travel and/or shoreside isolation arrangements (if applicable).