

# FRIENDSHIP

## RESERVATION CABINMATE ADDITION REQUEST FORM

When complete e-mail to [reservations@thefriendship.com](mailto:reservations@thefriendship.com)

**Requests are accepted by Lead Passenger only.**

**\*ALL FIELDS MUST BE COMPLETED.**

\*Date of Request: \_\_\_\_\_ \*Cabin: \_\_\_\_\_

\*Lead Passenger Name: \_\_\_\_\_

### NEW PASSENGER INFORMATION

\*Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Legal first and last name as it appears on passport

\*Address: \_\_\_\_\_ \*City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address 2(Apt/Suite/Office): \_\_\_\_\_ \*Country: \_\_\_\_\_

\*DOB: \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

\*Special Medical Need(s): \_\_\_\_\_

\*Add insurance for new guest?  Yes, please  No, thanks

\*Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Emergency Contact Relationship to you: \_\_\_\_\_

\*Which cabinmate is taking on the financial responsibility for this fee: \_\_\_\_\_

### PLEASE ACKNOWLEDGE BY CHECKING THIS BOX:

I acknowledge that this request could result in a fee as prescribed by the Terms & Conditions and/or ticketing contract. Any fees or forfeiture has been explained to me and I agree to pay as described. Any Payments previously made on the reservation will not be refunded to the guest being removed. It is between the guests in the reservation to figure out all financials.

Dates	Name Change Fee	Addition of Cabinmate	Transfer of Lead Passenger
On or before July 2, 2019	Free	Free	\$150.00
July 3 – August 28, 2019	\$75.00	\$75.00	\$150.00
August 29 – November 1, 2019	\$150.00	\$150.00	\$225.00
November 2 – December 2, 2019	\$225.00	\$225.00	\$225.00

\*Signature: \_\_\_\_\_ \*Printed name: \_\_\_\_\_

You will be contacted shortly to confirm receipt of request & to obtain credit card information.

**FROSCH GC&E | 844-295-7426 | Business hours are Monday-Friday 8am-4pm PST**