



PLEASE COMPLETE AND FAX TO BELOW NUMBER, OR IF E-MAIL, SEND AS AN ATTACHMENT TO BELOW ADDRESS. Please return completed form according to payment schedule.

TO: MILITARY DESK DATE: _____
 FAX # 305.436.4127 OR e-mail to: militarydesk@ncl.com

Military Guest Name: _____ Confirmation #: _____
 Address: _____ Ship: _____
 City/State/Zip: _____ Sail Date: _____
 Telephone #: _____ Cabin # (if applic): _____

MILITARY STATUS:

Active	<input type="checkbox"/>	Veteran	<input type="checkbox"/>	Spouse (of Active/traveling alone)	<input type="checkbox"/>
Retired	<input type="checkbox"/>	Honorably Discharged	<input type="checkbox"/>	Widow (of retired)	<input type="checkbox"/>

MILITARY AFFILIATION:

Department of the Army	<input type="checkbox"/>	U.S. Coast Guard	<input type="checkbox"/>	National Guard Bureau	<input type="checkbox"/>
Department of the Navy	<input type="checkbox"/>	U.S. Marine Corps	<input type="checkbox"/>	Reserves	<input type="checkbox"/>
Department of the Air Force	<input type="checkbox"/>	Canadian	<input type="checkbox"/>	DOD Civilian	<input type="checkbox"/>

TYPE OF ID:

Color of ID card:	WHITE	<input type="checkbox"/>	CANADA	<input type="checkbox"/>	or	DD 214	<input type="checkbox"/>
	BLUE	<input type="checkbox"/>				Discharge certificate	<input type="checkbox"/>
	OTHER	<input type="checkbox"/>	Please specify: _____				

Proper identification must be provided at the pier.

By checking this box I have met all requirements for NCL's Military Program and I agree to the terms and conditions.
NCL reserves the right to re-fare reservations found to be non compliant with the Military Program.

NCL USE ONLY		
Validated and Approved By:	Validated and Approved By Signature:	Date:
_____	_____	_____
Please print name	Please sign name	