

Cruise Passenger Special Dietary Needs Form

Please fill out this form to notify the cruise line of your dietary requirements. Once completed, print this page and submit it to the Cruise Line Access Department or your Travel Advisor at least 45 days prior to your sail date.

1. Passenger & Cruise Details

Passenger Full Name:

Booking Reference Number:

Ship Name:

Sail Date (DD/MM/YYYY):

Cabin / Stateroom Number:

2. Contact Information

Primary Phone Number:

Email Address:

3. Dietary Requirements

Please specify your dietary needs in the fields below (e.g., enter "Yes" or provide specific details):

Food Allergies (e.g., Peanut, Shellfish, Dairy, Soy):

Medical Dietary Needs (e.g., Celiac/Gluten-Free, Diabetic, Low Sodium):

Lifestyle / Religious Dietary Needs (e.g., Vegan, Vegetarian, Halal, Kosher):

Other Special Requests or Details:

4. Passenger Signature

By signing below, you certify that the information provided is accurate to ensure the galley staff can prepare your meals safely.

Passenger Signature (Sign after printing):

Date: