

Premium Cruise VIP Guest Preferences Questionnaire

Personal Information

Full Name

Date of Birth

Email

Phone Number

Preferred Contact Method

Travel Preferences

Stateroom/Suite Preference

Bedding Preference

Preferred Pillow Type

Dietary Preferences & Restrictions

Beverage Preferences

Allergies/Medical Concerns

Special Occasions

Are you celebrating any special occasions?

Onboard Preferences

Preferred Dining Times

Favorite Cuisine(s)

Preferred Activities & Experiences

Spa & Wellness Requests

Other Special Requests