## **Boarding List**

Date			Deprture Time :	
People	Adult( over 12 years old	d): Child(6~11 years old):	Infant( $0\sim5$ years old):	
Thank you fo	or boarding Aurora. In order to in	mprove our services, we would appreciate it if you co	ould voluntarily take a moment to answer the following question.	
Q1.How die	d you hear about our cruise?	? (Please select all that apply.)		
☐Recommendation from a friend or acquaintance		uaintance □Internet search (Google, B	Bing, etc.) □Social media (Facebook, Instagram, X,	etc.
☐Travel inf	ormation websites	☐Recommendation from a hotel or travel agency	y	
□Other (ple	ease specify)			
Thank you t	for your time and feedback.			

	Name	Adress (Nationality & Passport number)	Age	Sex	Do you need assistance for a physical disability in an emergency?
%example	Doto Taro	Nationality: Japan	35	M	Yes (No)
x example		Passport Number: XS1234567			162 (100
1		Nationality:			Yes · No
1		Passport Number:			
2		Nationality:			
2		Passport Number:			/
3		Nationality:			
3		Passport Number:			
4		Nationality:			
4		Passport Number:			/
5		Nationality:			
3		Passport Number:			
6		Nationality:			
0		Passport Number:			
7		Nationality:			/
'		Passport Number:			
8		Nationality:			
0		Passport Number:			/

<sup>·</sup> Your personal information will not be provided to third parties.

<sup>·</sup> If you don't fill in the boarding list, we will decline your boarding.