WINDSTAR CRUISES
180° FROM ORDINARY®

SPECIAL REQUIREMENTS INFORMATION (SRI) FORM

If you need accessible facilities and/or services due to a disability, please review and complete this form for specific arrangements to be made. Windstar Cruises and Windstar Guest Services will seek to the extent feasible to accommodate all guests. This information is necessary so that we are aware of any special requirements you have. This information may be provided to third parties, as needed.

Name: _____ Date: _____ Phone: (____) _____ Booking No.: _____

My Travel Agent Is: _____ Agent's Direct Phone Number: (____) _____

Agent's Direct Fax or Email: _____

Agency Address: _____

Ship: _____ Cruise No: _____ Pre/Post Options: ☐ Pre ☐ Post

I have booked Cabin No: _____

My Air/Ground Travel Was Arranged by WSC: ☐ Yes ☐ No HCA: _____ HPB: _____

I Have Separately Purchased a Windstar Transfer[1] ☐ Yes ☐ No

Flight Information (if available):

Arrival Date: _____ Time: _____ Airline: _____ Flight No. _____ Airport: _____

Departure Date: _____ Time: _____ Airline: _____ Flight No. _____ Airport: _____

Please describe any condition, illness, equipment or facilities that require special assistance as well as any special equipment you need (e.g., hypodermic disposal bin or facilities to refrigerate medicines): *(Add pages if necessary)*[2] _____

I will be with someone who will provide me with the assistance I require: ☐ Yes ☐ No Relationship: _____

I am bringing a qualified service dog with me[3]: ☐ Yes ☐ No Type: _____ I require the use of oxygen: ☐ Yes ☐ No[4]

For Guests With Mobility Impairments: *(Check the appropriate boxes)* **(Size/Weight restrictions may apply)**

I will bring a wheelchair[5]: ☐ Yes Type:[6] ☐ Fold-up ☐ Electric ☐ Scooter My weight is: _____ ☐ lbs ☐ kg.

Wheelchair/Scooter dimensions: Weight_____lbs. Width_____in. Length _____ in. Height _____in.

I can step up onto a bus: ☐ Yes ☐ No I need hydraulic lift equipment for transportation for tour or transfer: ☐ Yes ☐ No

For guests with severe allergies: (Please list your allergies): _____

My allergies are food related: ☐ Yes ☐ No Special diet request (gluten-free, diabetic, etc.): _____

I carry an Epi pen for emergencies related to my allergies: ☐ Yes ☐ No

PLEASE FAX THE COMPLETED FORM TO: 206-733-2790. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM OR OUR FACILITIES, PLEASE CALL VOYAGE SERVICES AT 800-258-7245 OR EMAIL WSsupervisor@windstarcruises.com

1 You may purchase transfers by contacting Windstar Guest Services at 800-258-7245
2 Persons undergoing CAPD (Peritoneal Dialysis) must arrange for delivery of their own solutions and supplies.
3 Service dogs must have all required immunizations and paperwork, and be pre-verified by Windstar. Windstar cannot accept "assistance animals" or "emotional support animals."
4 The ship has oxygen for emergency use only. Persons requiring oxygen must make independent arrangements for their oxygen needs.
5 Please bring your own wheelchairs; equipment on the ships is limited. There are no elevators on *Wind Spirit* or *Wind Star* and there are four modified accessible suites on *Star Breeze*, *Star Legend*, and *Star Pride*.
6 All electric mobility devices must have a gel or dry cell battery.

For Windstar Cruises Use Only:

Cruise Begins_____**in** _____

Cruise Ends_____**in** _____

Tour Begins__**in** _____ **Tour Ends**

_____**in** _____