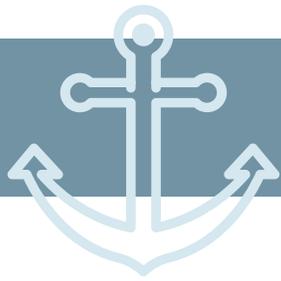




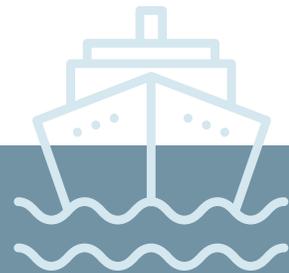
CRUISE PLANNER

Date of Cruise: _____

Cruise Route: _____



MY CRUISE ROUTE



GOALS OF THIS TRIP



CRUISE OVERVIEW

Cruise Line: _____

Cruise Ship: _____

Email/Phone: _____

Website: _____

Address: _____

CRUISE INFORMATION	
Embarkation Date	
Disembarkation Date	
Total Cruise Cost	
Reservation No.	
Stateroom #	
Guests	

Cruise Itinerary	
Day 1	_____
Day 2	_____
Day 3	_____
Day 4	_____
Day 5	_____
Day 6	_____
Day 7	_____
Day 8	_____
Day 9	_____
Day 10	_____

Cruise Add-ons: _____



Date of Booking	_____	Stateroom Type	_____
Starting City	_____	Dining Time	_____
Check-in Time	_____		_____
Boarding Time	_____		_____
Ending City	_____		_____
Disembark Time	_____		_____

Date of Cruise: _____

ACCOMMODATIONS

Place: _____

HOTEL:	_____
Address:	
Contact:	
Booking Number:	
Check in:	
Room Type:	
Check out:	
Total Nights:	
PROS:	Total Cost:
CONS:	Overall Rating: ★ ★ ★ ★ ★

HOTEL:	_____
Address:	
Contact:	
Booking Number:	
Check in:	
Room Type:	
Check out:	
Total Nights:	
PROS:	Total Cost:
CONS:	Overall Rating: ★ ★ ★ ★ ★

NOTES



FLIGHT INFORMATION



FLIGHT 01

Airline Name	
Flight No.	
Departure from/to	
Departure / Arrival Time	
Duration	
Confirmation No.	
NOTES	

FLIGHT 02

Airline Name	
Flight No.	
Departure from/to	
Departure / Arrival Time	
Duration	
Confirmation No.	
NOTES	

FLIGHT 03

Airline Name	
Flight No.	
Departure from/to	
Departure / Arrival Time	
Duration	
Confirmation No.	
NOTES	



TRANSPORTATION



From: _____

To: _____

Notes:



From: _____

To: _____

Notes:



From: _____

To: _____

Notes:



From: _____

To: _____

Notes:



From: _____

To: _____

Notes:



From: _____

To: _____

Notes:

CAR RENTAL



CITY _____

Rental Company	
Reservation No.	
Vehicle Type	
Pick-up Date/Time	
Drop off Address	
Drop off Date/Time	
NOTES	

ITINERARY

From: _____ To: _____

Best stops:

Duration:

Total distance:

Total budget:

ITINERARY

From: _____ To: _____

Best stops:

Duration:

Total distance:

Total budget:

Date of Cruise: _____

Place: _____

PRE-CRUISE CHECKLIST

HOME/PETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ITINERARY/FLIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES _____

Date of Cruise: _____

Place: _____

PRE-CRUISE CHECKLIST

V	A few months before the cruise

V	A few weeks before the cruise

V	A few days before the cruise

V	Day of cruise

IMPORTANT

IMPORTANT

Date of Cruise: _____

Place: _____

PACKING LIST

CLOTHING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

TOILETRIES

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MISCELLANEOUS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

ELECTRONICS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

DOCUMENTS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

CARRY-ON

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

1

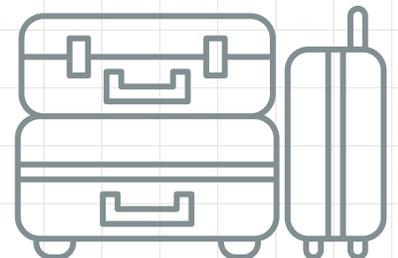
2

3

4

5

6



Date of Cruise: _____

Place: _____

BABY PACKING LIST

CLOTHING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FEEDING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MISCELLANEOUS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SLEEPING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

HEALTH & BEAUTY

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

TOYS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

1

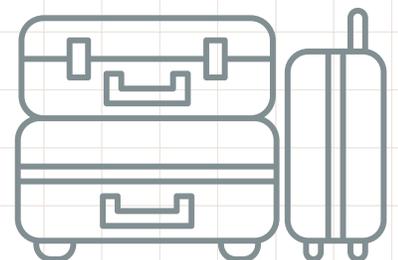
2

3

4

5

6



Date of Cruise: _____

TRAVEL INSURANCE

Place: _____

Policy Name: _____
Insurance Company _____
Covered Amount _____

NOTES

INCLUSIONS	EXCLUSIONS

Policy Name: _____
Insurance Company _____
Covered Amount _____

NOTES

INCLUSIONS	EXCLUSIONS

Policy Name: _____
Insurance Company _____
Covered Amount _____

NOTES

INCLUSIONS	EXCLUSIONS

CRUISE PACKAGES

Purchased Date: _____

PACKAGE NAME:

COST:

CONFIRMATION NUMBER:

WHAT'S INCLUDED?

WHAT'S NOT INCLUDED?

NOTES

Purchased Date: _____

PACKAGE NAME:

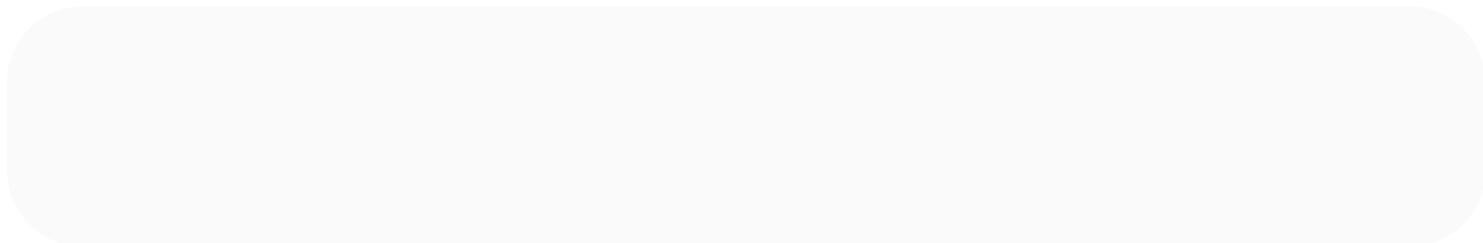
COST:

CONFIRMATION NUMBER:

WHAT'S INCLUDED?

WHAT'S NOT INCLUDED?

NOTES



CRUISE PORTS OF CALL

Location	Cost	Notes

Photo

Photo

SHORE EXCURSION OVERVIEW

Name: _____

Phone: _____

Email: _____

Website: _____

Address: _____

INFORMATION	
Date	
Time	
Cost	
Reservation No.	
Transportation	
Other	

Opening Hours	
S	_____
M	_____
T	_____
W	_____
T	_____
F	_____
S	_____

Things to see and do: _____



- Note _____
- Note _____
- Note _____
- Note _____

BOOKED SHORE EXCURSIONS

Date: _____	
TOUR NAME	
COMPANY	
WEBSITE	
ADDRESS	
PHONE	
CHECK IN TIME	
DURATION	
CONFIRMATION	
COST	

NOTES

Date: _____	
TOUR NAME	
COMPANY	
WEBSITE	
ADDRESS	
PHONE	
CHECK IN TIME	
DURATION	
CONFIRMATION	
COST	

NOTES

NOTES _____

PLAN FOR THE DAY

Location: _____



Date: _____

Time in Port: _____

Tender? _____

SCHEDULE

07:00 _____

17:00 _____

08:00 _____

18:00 _____

09:00 _____

19:00 _____

10:00 _____

20:00 _____

11:00 _____

21:00 _____

12:00 _____

22:00 _____

13:00 _____

23:00 _____

14:00 _____

15:00 _____

16:00 _____

NOTES

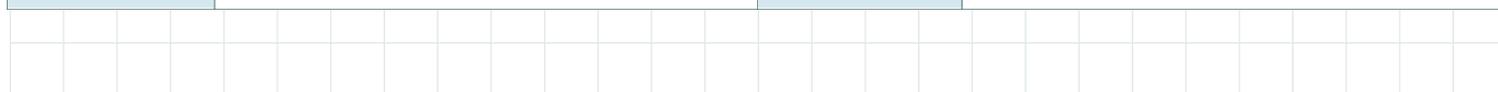
NOTES

Breakfast:

Lunch:

Snack:

Dinner:



Date of Cruise: _____

Place: _____

CRUISE BUDGET

CRUISE + ACCOMMODATIONS

COST	BUDGET	ACTUAL

ONBOARD EXPENSES

COST	BUDGET	ACTUAL

OFFBOARD EXPENSES

COST	BUDGET	ACTUAL

NOTES

CRUISE JOURNAL

Date: _____

Port of Call: _____



Morning Plan _____

Mid-day Plan _____

Afternoon Plan _____

Night Plan _____

TRAVEL JOURNAL

Date: _____

FUN STORY FROM TODAY

WHAT I'LL REMEMBER MOST

WHAT I DIDN'T LIKE

TRAVEL JOURNAL

Date:



Date:



Date:



Date:



Week of: _____

TRAVEL JOURNAL

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

Week of: _____

TRAVEL JOURNAL

THURSDAY

FRIDAY

SATURDAY

NOTES



Month: _____

TRAVEL CALENDAR

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

S	M	T	W	T	F	S

COLOR KEYS

 Dates: _____  Dates: _____  Dates: _____
Place: _____ Place: _____ Place: _____

 Dates: _____  Dates: _____  Dates: _____
Place: _____ Place: _____ Place: _____

Month: _____

TRAVEL CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

NOTES:

TRAVEL NOTES

Date _____



MEMORIES

Date: _____

A series of 25 horizontal dotted lines for writing.

MEMORABLE MOMENTS

1

2

3

4

5

6

MY TOP

MOMENTS

ARTS/LANDMARKS

PLACES

FOOD & DRINKS

