

Cruise Checklist

DOCUMENTS

- Passports
- Driver's License
- Itinerary
- Travel Tickets
- Hotel Reservation
- Info
- Transportation Info
- Travel Insurance
- Frequent Flyer
- Emergency
- Contacts

TOILETRIES

- Shampoo / Conditioner
- Bodywash / Soap
- Toothpaste / Toothbrush / Floss
- Razors / Shave Cream
- Facewash
- Deodorant
- Hair Care Products
- Glasses
- Contact Lenses / Lense Solution
- Makeup
- Fem Products

FINANCIALS

- Credit Cards
- Debit Cards
- Cash
- _____
- _____

MISCS

- _____
- _____
- _____
- _____
- _____

GADGETS

- Cellphone
- Tablet
- Laptop
- Ipods
- Chargers
- Batteries
- Camera
- Headphones
- USB Sticks
- Portable Charger
- Bluetooth Speaker
- _____

CLOTHES / SHOES

- PJ's
- Socks
- Underwear
- Bras
- Shirts
- Shorts
- Pants
- Swimsuits
- Formal Clothes
- Shoes
- Lounge Wear

MEDICAL

- Medications
- Prescriptions
- Vitamins
- Pain Reliever
- Insect Spray
- Sunscreen
- Sanitizer

ACCESSORIES

- Sunglasses
- Jewelry
- _____

Cruise Checklist

DOCUMENTS

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FINANCIALS

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MISCS

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CLOTHES / SHOES

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TOILETRIES

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GADGETS

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MEDICAL

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ACCESSORIES

- _____
- _____
- _____



Cruise Outfit Checklist

DAY 1

<i>NAME</i>	<i>TOPS</i>	<i>BOTTOMS</i>	<i>SHOES</i>

DAY 2

DAY 3

DAY 4



Cruise Outfit Checklist

DAY 5

<i>NAME</i>	<i>TOPS</i>	<i>BOTTOMS</i>	<i>SHOES</i>

DAY 6

DAY 7

DAY 8



Cruise To Do List

4 MONTHS BEFORE TRIP

NOTES

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

1 MONTH BEFORE TRIP

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

2 WEEKS BEFORE TRIP

<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 WEEK BEFORE TRIP

<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"/>	_____

DAY BEFORE TRIP

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



Cruise Details

CRUISE DETAILS

GENERAL:

ship name: _____ depart date: ___/___/___ departs: ___:___

departing from: _____ # of nights: _____

CABIN:

deck #: _____ cabin #: _____ location: front ___ / mid ___ / back ___

cabin grade: _____ stateroom: inside ___ / outside ___ / balcony ___ / suite ___

DINING:

requested dining time: ___:___ # of formal nights: _____ formal nights: S M T W T F S

EXTRAS:

onboard credit :\$ _____ drinks: Y / N gratuities: Y / N

ONLINE CHECKIN: date: ___/___/___ complete: _____

NOTES



Travel Details

FLIGHT

OUTBOUND FLIGHT: flight no: _____ airline: _____ date: ___/___/___

departs: ___:___ arrives: ___:___ seat #: _____ seat #: _____

INBOUND FLIGHT: flight no: _____ airline: _____ date: ___/___/___

departs: ___:___ arrives: ___:___ seat #: _____ seat #: _____

HOTEL/RESORT

name: _____ contact #: _____

address: _____ stay #: _____ nights

notes: _____

TRANSFER

outbound time: ___:___ type: taxi uber private driver shuttle

inbound time: ___:___ type: taxi uber private driver shuttle

OTHER MISC.

notes: _____

Itinerary Planner

BOOKED EXCURSION

NAME: _____

date: ___/___/___

meet time: ___:___

meet place: _____

length of time: _____

details: _____

IN PORT ACTIVITIES

name: _____

name: _____

name: _____

name: _____

name: _____

name: _____

ON BOARD ACTIVITIES

name: _____

name: _____

time: ___:___

deck: _____

time: ___:___

deck: _____

name: _____

name: _____

time: ___:___

deck: _____

time: ___:___

deck: _____

OTHER MISC.

notes: _____

