

AMERICAN QUEEN VOYAGES™

GROUP CLAIM FORM

1. **GROUP NAME:** _____
- RESERVATION/GROUP ID NUMBER:** _____
- ADDRESS:** _____
- _____
- TELEPHONE NUMBER:** _____
- E-MAIL ADDRESS:** _____

Please be sure to notify us if you have a change of address.

2. **AMOUNT OF CLAIM:** \$ _____

3. **BASIS FOR CLAIM:**

- Sail Date _____ Vessel Name _____
- Travel Insurance – Name of Company _____ Account # _____
- Submitted a Travel Insurance Claim – ID or Reference # _____
- Travel Agency - Name of Company or Agent: _____
- Paid by Credit Card – Last 4 Digits of Credit Card(s) Used: _____
- Submitted a Refund Request – ID or Reference #: _____

4. **SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as boarding pass(es), proof and amount of payment(s), payment confirmation(s), and cancellation or delay notice(s). If the documents are not available, explain. If the documents are voluminous, attach a summary.

5. **SIGNATURE:** Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

DATED: _____ BY: _____

Signature of Claimant or Representative

Print Name and Title Here