

Navigator Menu

Party name _____

Date of sail _____

Time of sail _____

Please complete and return with full balance two weeks prior to the sail.

	Amount required
Fish, Chips and Peas	
Fish, Chips and Beans	
Scampi, Chips and Peas	
Scampi, Chips and Beans	
Chicken, Chips and Peas	
Chicken, Chips and Beans	
Stuffed Pepper <i>(Vegetarian only)</i>	
Vegetarian Lasagne <i>(Vegetarian only)</i>	
Special dietary requirements, please specify	
TOTAL	

Polite Notice

Dear Valued Customer

We have recently reviewed our Health & Safety Policy regarding the number of wheelchair bound passengers that we would allow on any one cruise aboard Princess River Cruises.

For comfort and safety reasons we will now only be accepting a **maximum of 6 (six) wheelchair dependant** passengers on any day cruise.

If you require any further information or advice in this regard please do not hesitate to contact us on 0115 9100400

Party name _____

Date of sail _____

	Number of Passengers
Passengers using walking aids	
Passengers using wheelchairs	

Please note that we are unable to accommodate electric wheelchairs and also that the toilet doors are not wide enough to accommodate a wheelchair.