GalaxSea Cruises & Tours Irish Discovery Package June 30 – July 10, 2019

Legal Name/s (as appears on passport)	Gender	Date of Birth	Daytime Phone	
1				
2				
Mailing Address				
ome Phone Work Phone		Cell P	Cell Phone	
Email				
Do you have a valid US Passport? Yes	s No			
Deposit Enclosed (\$400 per person)	·			
Insurance		·		
Total Payment Enclose	d	PARTICIPATE AND		
Make checks pay	yable to GalaxS	ea Cruises & Tours		
Please charge my credit card with the payme	ent listed above:			
Credit Card Number	· · · · · · · · · · · · · · · · · · ·	Sec Code	Expiration	
Name on Card	Signatu	ire		
Credit Card Billing Address				
	Special Reques	sts		

COMPLETE AND MAIL WITH DEPOSIT TO:
GalaxSea Cruises & Tours, 210 N. Business 49
P.O. Box 339, Neosho, MO 64850
Fax to 417-451-9120
Contact Shannon Brodie – shannon@galaxseaonline.com