

**GalaxSea - 2019 Hawaii Cruise Adventure
October 23 - November 3, 2019**

Reservation Form

Passenger Name(s) (Name spelling should match your passport/driver's license)	Date of Birth	Gender	Daytime Telephone
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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4. _____	_____	_____	_____
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Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Home or Work

Room Package Requested _____ (Inside, Ocean View, or Balcony)

Are you sharing your room with anyone not listed above? _____

Travel Insurance (Yes or No) _____

Amount Enclosed: Trip Deposit (\$200 per person) _____

Insurance _____

Total Enclosed _____

Please make checks payable to GalaxSea Cruises & Tours.

CHARGE TO YOUR CREDIT CARD:

Credit Card Number: _____ Sec Code _____ Expiration _____

Name on Card: _____ Signature: _____

Credit Card Billing Address: _____

SPECIAL REQUESTS

**COMPLETE AND MAIL WITH DEPOSIT TO:
GalaxSea Cruises & Tours, 210 N. Business 49, Neosho, MO 64850
Or Fax to 417-451-9120**