## Winter Escape Bahamas Cruise 2020 February 8-15, 2020 RESERVATION FORM

Passenger Name		te of Birth	Gender	Daytime Te	Daytime Telephone	
1						
2						
Call GalaxSea if you plan to h	ave more tha	n 2 persons in yo	ur room.			
Mailing Address						
Home Telephone		Dayti	me Telephon	e		
Email		The state of the s				
Room Request (circle one):	Inside #1	Inside #2	Inside #	3 Ocean #1	Ocean #2	
	Jr. Suite / I	Balcony				
Dinner Time Choice (circle on	e): 6:0	00pm 8:0	Эрm	My Time		
We plan to reach the ship by (	circle one):	Driving	Intereste	d in flying from		
Deposit Amount End	losed: De	posit (\$250 per p	erson)			
	Tra	avel Protection In	surance			
OR CHARGE PAYMENT TO	CREDIT CAR	<b>Total Encl</b> o	osed:			
Credit Card Type: Master Car	d, Visa, Ame	rican Express, Di	scover			
Account	Sec CodeExpi				n	
Name on Card	on CardSignature					
Credit Card Billing Address			,	WAS SECULAR FOR SECULAR SECULA	THE REAL PROPERTY OF THE PROPE	
Special Requests	s, Medical Ne	eds/Concerns, D	ietary Needs	, please list details b	elow:	
				Acceptable Annual Control of the Con		
l(signature)	h	ave read and ac	cepted the 1	Ferms & Condition	s and understa	

COMPLETE AND MAIL FORM WITH DEPOSIT TO: GalaxSea Cruises & Tours, 210 N Business 49 Neosho, MO 64850 or call 417-451-5468