

**Kelly Group Cruise 2010  
Mexican Riviera Cruise Package  
October 16-24, 2010**

Passenger Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Passport Name \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

Passport Name \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

**Room Request** \_\_\_\_\_ **Deck Number** \_\_\_\_\_  
(i.e. Inside Room, Ocean View or Balcony)

**Dinner Time Preference:** 6:00pm or 8:00pm

**Trip Insurance** (Yes or No) \_\_\_\_\_ **Cruised with Carnival before?** \_\_\_\_\_

**Air Departure City** \_\_\_\_\_ **Past Guest Number** \_\_\_\_\_

**Deposit Enclosed** (\$100.00 or \$300 per person) \_\_\_\_\_  
Make checks payable to GalaxSea Cruises & Tours

OR CHARGE TO CREDIT CARD:

Credit Card Number \_\_\_\_\_ Sec Code \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email \_\_\_\_\_

**Special Requests**

---

---

---

**COMPLETE AND MAIL WITH DEPOSIT TO:  
GalaxSea Cruises & Tours, 108 East Spring Street  
P.O. Box 339, Neosho, MO 64850  
Or Fax to 417-451-9120  
Contact Ken Mayer – ken@galaxseonline.com**