

**Cruisin' with Poison Overdose – Musical Caribbean Cruise
November 8-13, 2010**

Passenger Name _____ Date of Birth _____ Gender _____ Daytime Telephone _____

1. _____

2. _____

Room Type _____ Deck _____
(i.e. Inside Room, Ocean View or Balcony)

Preferred Dinner Time: 6:00pm 8:00pm Open Seating

Trip Insurance (Yes or No) _____

Are you interested in the pre-night hotel in New Orleans? _____

Will you need Air Transportation? _____ Nearest Air city? _____

Deposit Enclosed (\$100.00 per person) _____

Make checks payable to GalaxSea Cruises & Tours

OR CHARGE TO CREDIT CARD:

Credit Card Number _____ Expiration _____

Name on Card _____ Signature _____ Security code _____

Credit Card Billing Address _____

Your 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**