

**Adventure to Italy
October 17-24, 2020**

RESERVATION FORM

Legal Name/s (as appears on passport) Gender Date of Birth Daytime Phone

1. _____

2. _____

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Are you rooming with anyone not listed above? _____

Have you traveled with Globus Family Brands before? Yes No

Are you interested in extending your trip to (circle which applies): Rome Venice Como

Do you need airfare from another city? No Yes, from _____

Deposit Enclosed (\$500 per person) _____

Insurance (\$289 per person) _____

Total Payment Enclosed _____

Make checks payable to GalaxSea Cruises & Tours

Please charge my credit card with the payment listed above:

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 this form to 417-451-9120
Or Contact Wendy Charlton, 417-451-5468, or email wendy@galaxseasonline