GalaxSea – Ken's 2022 Norway Cruise & Iceland Tour RESERVATION FORM

Passenger Name(s) (Name spelling should match you	ur passport/driver's lid	Date of Birth cense)	Gender	Daytime Telephone	
1	 				
2					
Mailing Address:					
		Cell Phone:			
Email Address:		Home or Work			
Cruise Room/Type Request	equest (Inside, ocean, Infinity Verandah)				
Are you sharing your room with a	anyone not listed abo	ve?			
Cruise Dinner Time (circle one):		8:30pn	1	Celebrity Select (you decide when to dine)	
Travel Insurance (Yes or No) _					
Amount Enclosed: Trip Depo	osit (\$1000 per persor	າ)		<u> </u>	
	Insura	nce		_	
	Total Enclos	sed		_	
Please m	ake checks payable	to GalaxSea C	ruises & 1	Γours.	
CHARGE TO YOUR CREDIT CAF	RD:				
Credit Card Number:		Sec Code		_Expiration	
Name on Card:	Signature:				
Credit Card billing address:		 			
	SPECIAL NEE	DS/REQUESTS			

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