

**2024 Alaska Cruise – Roundtrip Seattle Package
July 4-12, 2024**

RESERVATION FORM

Passenger Name(s) _____ Date of Birth _____ Gender _____ Daytime Telephone _____
(Name spelling should match your passport/driver's license)

1. _____

2. _____

Mailing Address:

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Home or Work

Room Type Requested _____ (Inside, Ocean, or Balcony)

Are you sharing your room with anyone not listed above?

Dinner Time (circle one): 6:00pm 8:30pm My Time Dining

Travel Insurance (Yes or No) _____

Amount Enclosed: Cruise Deposit (\$500 per person) _____

Total Enclosed _____

Please make checks payable to GalaxSea Cruises & Tours.

CHARGE TO YOUR CREDIT CARD:

Credit Card Number: _____ Sec Code _____ Expiration _____

Name on Card: _____ Signature: _____

Credit Card Billing Address:

SPECIAL NEEDS/REQUESTS

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