

**KSN-Jackson Group  
2020 Alaska Cruise Package  
August 29 – September 6, 2020**

**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):                      5:30pm                      8:00pm                      My Time Dining

Travel Insurance (Yes or No) \_\_\_\_\_

Amount Enclosed:      Cruise Deposit (\$400 per person)      \_\_\_\_\_

Insurance      \_\_\_\_\_

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**