

**Spring Break Bahamas Cruise 2020
 March 7-14, 2020
 RESERVATION FORM**

Passenger Name	Date of Birth	Gender	Daytime Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Call GalaxSea if you plan to have more than 2 persons in your room.

Mailing Address _____

Home Telephone _____ Daytime Telephone _____

Email _____

Room Request (circle one): Inside #1 Inside #2 Inside #3 Ocean #1 Ocean #2

Jr. Suite / Balcony

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

We plan to reach the ship by (circle one): Driving Interested in flying from _____

Deposit Amount Enclosed: Deposit (\$250 per person) _____

Travel Protection Insurance _____

Total Enclosed: _____

OR CHARGE PAYMENT TO CREDIT CARD:

Credit Card Type: Master Card, Visa, American Express, Discover

Account _____ Sec Code _____ Expiration _____

Name on Card _____ Signature _____

Credit Card Billing Address _____

Special Requests, Medical Needs/Concerns, Dietary Needs, please list details below:

I _____ have read and accepted the Terms & Conditions and understand
 (signature)
 the travel insurance being offered to me is my choice to accept or decline the coverage.

COMPLETE AND MAIL FORM WITH DEPOSIT TO:
 GalaxSea Cruises & Tours, 210 N Business 49
 Neosho, MO 64850 or call 417-451-5468