

**ST. JOSEPH'S PARISH CRUISE**

**REGISTRATION FORM**

**Reply fax to  
Tina at 214-915-9324**

**29 Nov. 2004 Galveston Cruise \_\_\_\_\_ 18 May 2005 Alaskan Cruise \_\_\_\_\_**

**NAME (S) \_\_\_\_\_ DOB \_\_\_\_\_**

\_\_\_\_\_ **DOB** \_\_\_\_\_

**ADDRESS \_\_\_\_\_**

\_\_\_\_\_

**PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_**

**E-MAIL ADDRESS \_\_\_\_\_**

**CABIN INSIDE \_\_\_\_\_ OUTSIDE \_\_\_\_\_**

**BALCONY CABIN (ALASKA) \_\_\_\_\_ ACCESSIBLE CABIN \_\_\_\_\_**

**LATE / EARLY DINING \_\_\_\_\_ TABLE FOR 2 4 8**

**DINING WITH \_\_\_\_\_ SPECIAL DIET \_\_\_\_\_**

**CANCELLATION INSURANCE \_\_\_\_\_ ACCEPTED / DECLINED**

I understand the terms of the cancellation policy \_\_\_\_\_

I understand that by not purchasing cancellation policy I may be subject to penalties up to full amount of

cruise \_\_\_\_\_

**PARTY BUS ROUND TRIP TRANSPORTATION (GALVESTON ONLY) YES / NO**

**AIR TRANSPORTATION YES / NO**

**ACCOMMODATIONS PRE CRUISE \_\_\_\_\_ POST CRUISE \_\_\_\_\_**

**FORM OF PAYMENT: \_\_\_\_\_ EXP \_\_\_\_\_**

**SIGNATURE \_\_\_\_\_**

I understand that the deposit will be applied to my cruise and is not refundable \_\_\_\_\_