

Greyhound Rescue and Adoptions of Tampa Bay Alaska Fundraising Cruise Registration Form

- INTERIOR STATEROOM OCEAN VIEW STATEROOM BALCONY STATEROOM
 DOUBLE OCCUPANCY SINGLE OCCUPANCY TRIPLE/QUAD/QUINT

Please Reserve: Tour and Cruise – July 6 – 17, 2010 Or Cruise Only – July 10 – 17, 2010

PAYMENT SCHEDULE: (It is very important that payments are received by their due dates)

Deposit - 20% of Cruise Price per person Final Payment
 Due with reservation Due on or before April 8, 2010

PASSENGER INFORMATION (Please Print)

<i>Passenger One</i>			<i>Passenger Two</i>		
Legal Name:			Legal Name:		
Nickname:			Nickname:		
Address:			Address:		
City/State/Zip			City/State/Zip		
Evening Phone	Day Phone		Evening Phone	Day Phone	
Cell Phone			Cell Phone		
Email Address			Email Address		
Country of Citizenship	Date of Birth		Country of Citizenship	Date of Birth	
Princess Cruises Past Guest Number			Princess Cruises Past Guest Number		
My Adoption Group Is:			My Adoption Group Is:		
Method of Payment: <input type="checkbox"/> Check (Payable to SeaFreed Travel) <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express			Method of Payment: <input type="checkbox"/> Check (Payable to SeaFreed Travel) <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Name as it Appears On Your Credit Card			Name as it Appears On Your Credit Card		
Credit Card Number	Expiration Date		Credit Card Number	Expiration Date	
Credit Card Verification Number on Back of Card			Credit Card Verification Number on Back of Card		
I authorize SeaFreed Travel to charge deposits and payments to my credit card listed above in accordance with the above payment schedule. I will notify SeaFreed Travel if I choose to use a different credit card prior to the due date/s			I authorize SeaFreed Travel to charge deposits and payments to my credit card listed above in accordance with the above payment schedule. I will notify SeaFreed Travel if I choose to use a different credit card prior to the due date/s		
Cardholder's Signature		Date	Cardholder's Signature		Date
Do you need airport transfers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you need airport transfers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need Seattle Roundtrip Advantage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you need Seattle Roundtrip Advantage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need a hotel at the end of the cruise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you need a hotel at the end of the cruise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancellation Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature		Cancellation Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature	
Medical or Dietary Needs:			Medical or Dietary Needs:		

Mail Completed Form To: SeaFreed Travel, Attn: Jeffrey Almone, 12426 Alstroemeria, San Antonio, Texas 78253
Or Fax to: (210) 688-9397 -- Questions?? Please Call Jeffrey at (210) 688-9397 home office or (717) 309-7383 cell
Email: jalmoney@att.net