

REGISTRATION FORM*
2009 GLORYLAND GOSPEL MUSIC CRUISE
KEY WEST AND NASSAU, BAHAMAS
February 2 thru February 7, 2009

(*Please complete one registration form for each person)

LEGAL FIRST AND LAST NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

PHONE _____ DATE OF BIRTH _____

GENDER ___ MALE ___ FEMALE US RESIDENT ___ YES ___ NO

CHOOSE YOUR CABIN (Cabins are limited!) _____ Inside _____ Ocean View _____ Suite (11) _____ Suite (12)

YOUR HOST GROUP SIGNING WITH **TARA JACKSON**

LIST NAME(S) OF OTHERS SHARING YOUR CABIN _____

ARE YOU A PAST CARNIVAL GUEST? ___ YES ___ NO GUEST # _____

CRUISE COST -	1ST AND 2ND PERSON DELUXE CABIN - \$619	OCEAN VIEW CABIN - \$669
	3RD AND 4TH PERSON DELUXE CABIN - \$519	OCEAN VIEW CABIN - \$569
CAT 11	1ST AND 2ND PERSON DELUXE SUITE - \$1299	3RD PERSON IN SUITE \$719
CAT 12	1ST AND 2ND PERSON DELUXE SUITE - \$1499	3RD & 4TH CAT 12 SUITE \$769

ALL PRICES INCLUDE PORT TAXES & GRATUITIES

\$100 MINIMUM DEPOSIT PER PERSON REQUIRED

Monthly payments are accepted – Total payment must be received by October 1, 2008!!

Cancellation Policy – **Prior to 10-01-08 \$50. **10-02-08 to 1-18-09 50% of fare ** After 1-18-09 100% of fare

PLEASE COMPLETE THIS FORM AND RETURN WITH DEPOSIT TO:

2009 GLORYLAND GOSPEL MUSIC CRUISE
c/o DON BARNETT, TREASURER
6310 GAYLE DRIVE
LOUISVILLE, KY 40219

QUESTIONS? E-mail tomboles@bellsouth.net Telephone 502-262-5309

A VALID US PASSPORT IS REQUIRED FOR ALL PASSENGERS

Please complete one registration form for each person

** Travel Insurance available upon request

Credit Card Info Card Type Mastercard _____ Visa _____

Card Number _____

Card Expiration Date _____

Amount To Charge On Card \$ _____

**** **Charge Card Limited To 50% of Total Fare** ****