

WACO & GBF CRUISE!

Sunday, January 14 – Sunday, January 21, 2018

- Embarking in New Orleans, Louisiana
- Cozumel, Mexico
- Roatan Bay Islands, Honduras
- Harvest Caye, Belize
- Costa Maya, Mexico
- Disembarking at New Orleans, Louisiana

1. # of Passengers: _____ guests

2. Select room type:

- Inside cabin total including tax (\$797.14)
- Ocean view porthole (\$927.14)
- Ocean picture window (\$977.14)
- Value Balcony (\$1327.14)
- Mid Ship Balcony (\$1407.14)

3. Pick one of these add ons:

- Ultimate Beverage package open bar (valued at \$650.00 per person)
- Pre-Paid Service Charges (valued at \$94.50 per person)
- 4 Specialty restaurants (valued at \$135.00 per person)

4. Passenger Info

First Name: _____ Last Name: _____

Email Address: _____

Gender: _____ Date of Birth: _____

Country of Citizenship: _____ Phone Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Country of Residence: _____

State/Province: _____ Zip Code: _____

First Name: _____ Last Name: _____

Email Address: _____

Gender: _____ Date of Birth: _____

Country of Citizenship: _____ Phone Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Country of Residence: _____

State/Province: _____ Zip Code: _____

First Name: _____ Last Name: _____

Email Address: _____

Gender: _____ Date of Birth: _____

Country of Citizenship: _____ Phone Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Country of Residence: _____

State/Province: _____ Zip Code: _____

First Name: _____ Last Name: _____

Email Address: _____

Gender: _____ Date of Birth: _____

Country of Citizenship: _____ Phone Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Country of Residence: _____

State/Province: _____ Zip Code: _____

First Name: _____ Last Name: _____

Email Address: _____

Gender: _____ Date of Birth: _____

Country of Citizenship: _____ Phone Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Country of Residence: _____

State/Province: _____ Zip Code: _____

First Name: _____ Last Name: _____

Email Address: _____

Gender: _____ Date of Birth: _____

Country of Citizenship: _____ Phone Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Country of Residence: _____

State/Province: _____ Zip Code: _____

5. Payment

Credit Card: Visa MasterCard

Credit Card Number: _____ Exp: ____ / ____

Name on Card: _____ CVV: ____

Zip Code: _____ Amount to be charged today: \$ _____

Check #: _____

** Non-Refundable down payment of \$50 due at booking. Final payment due 10/16/2017. Prices do not include airfare.

Please send registration information to The Gilbert Brown Foundation Office at PO Box 228, Ettrick, WI 54627, fax to (608) 525-2328, or email lori@seversonandassociates.com. Questions? Contact the Foundation at 608-525-2326.