

2015 Angels at Sea Booking Form

Booking No.	AGENT ID:	<u> </u>
Name of card	:	_
Billing Addres	ss:	_
City:		_
State:	Zip:	_
Day phone: _		_
Cell:		_
Email:		_
PAYMENT INI	FORMATION:	
CREDIT CARE	O: AMEX VISA	M/C DISCOVER
NUMBER:		
Expiration:	Sec. Code:	
	_Suite	5
	_Balcony Stateroom\$	
	_Outside Stateroom\$	
	_Inside Stateroom\$	
	_Balcony Accessible\$	
	_Outside Accessible\$	
	_Inside Accessible\$	
Travel Insura	nce cost: Call for details	
		2
	3	4
Deposit (Due a	t booking): _\$900.00_per cabii	1
TOTAL COST:		
Beds together: Dining time La	_Apart: ate Seating Table size: _ 2, _ 4,	6, 8 Dietary needs
Special Occasio	n'	Cantain's Club No :