

WAHABI CRUISE 2010
OCTOBER 16TH THRU 23RD, 2010
BOOKING INFORMATION

PASSENGER 1.

NAME: _____

NAME MUST MATCH PASSPORT

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE _____

PHONE # _____

EMERGENCY

CONTACT # _____

DATE OF BIRTH _____

E-MAIL

ADDRESS: _____

DINNER SEATING: EARLY 6:00 8:15 LATE
PLEASE CIRCLE

SPECIAL MEDICAL NEEDS: _____

SPECIAL DIETARY NEEDS: _____

PAYMENT BY: VISA, MASTERCARD, DISCOVER,
AMERICAN EXPRESS PLEASE CIRCLE ONE

CARD # _____

EXP DATE MO/YEAR

CARD HOLDERS NAME:

PAY IN FULL: YES _____ NO _____

COMMENTS: _____

PASSENGER 2.

NAME: _____

NAME MUST MATCH PASSPORT

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE _____

PHONE # _____

EMERGENCY

CONTACT # _____

DATE OF BIRTH _____

E-MAIL

ADDRESS: _____

DINNER SEATING: EARLY 6:00 8:15 LATE
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AMERICAN EXPRESS PLEASE CIRCLE ONE

CARD # _____

EXP DATE MO/YEAR

CARD HOLDERS NAME:

PAY IN FULL: YES _____ NO _____

COMMENTS: _____

BOOK YOURSELF ON LINE AT: www.nylasc2ctravel.com under the **GROUP** TAB NAME: Wahabi Cruise
2010" OR: PLEASE FAX OR MAIL INFORMATION SHEET TO: NYLA BRESHEARS P. O. BOX 423
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