

Cruise Registration Form

2011

Name of Person Completing this Form: _____

Daytime Phone: _____ Best time to call: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Please List the names of those in your group.

1 Your Name: _____ Date of Birth: _____

2 Name: _____ Date of Birth: _____

3 Name: _____ Date of Birth: _____

4 Name: _____ Date of Birth: _____

5 Name: _____ Date of Birth: _____

6 Name: _____ Date of Birth: _____

Use an additional sheet for additional names if necessary

Registration Fee:

	Cost		# in Group		
Deposit: (\$300.00/Participant)	_____	X	_____	\$	_____ Due by August 10 th , 2011
Full Amount: (See Brochure)	_____	X	_____	\$	_____ Due by October 15 th , 2011
Insurance: (See Brochure)	_____	X	_____	\$	_____
			Total:	\$	_____

TOTAL AMOUNT ENCLOSED \$ _____

() Enclosed is my check made payable to **SS Cruises inc**

() Charge my Visa/MasterCard/American Express **Name on Card:** _____

Card Number: _____ **Exp Date:** _____

Please mail completed registration form to:
SS CRUISES INC. , 4861 Rittenhouse Dr. Huber Heights, Ohio 45424

If you have an questions please call:
(937)331-8029

