

Traveler Name(s) _____

___ All Aboard!

___ I/We would like to be seated with (person's name) _____

___ I/We would like to be seated w/ parents from a certain class (teacher's name) _____

___ I/We will go anywhere on deck!

___ Staying Ashore. But please accept \$ _____ as a 100% tax deductible donation to benefit our children

Cruise Options*:

Main Deck \$40/person

Upper Deck \$65/person (includes 2 raffle tickets)

Sky Deck \$100/person (includes 4 raffle tickets)

Please RSVP by
February 12th

___ Enclosed is a check for \$ _____ for _____ seat(s)

___ Please charge \$ _____ for _____ seat(s) on this credit card: __ today __ on the night of the event*

Card # _____ Exp. Date _____

Name on Card _____ Security Code _____

Signature _____

*Any amount over \$40 per seat is tax deductible. In the event you are unable to join us, your payment will be considered 100% tax deductible