Louisiana Hall of Fame Music Cruise

Return this completed form to pamela@geauxingplaces.com

Name of Lead Guest (as it appears on ID that you will be using):
Date of Birth:
Address:
E-mail Address:
Phone number:
Name of Second Guest (as it appears on ID that they will be using):
Date of Birth:
Address:
Email Address:
Phone number:
Would you likeBalconyOcean ViewInterior
Please sign below for permission to charge your credit card
T –shirt size for LEAD Guest (please circle): S M L XL XXL XXXL T –shirt size for SECOND guest (please circle): S M L XL XXL XXXL
Would you like insurance added for Lead Guest? Must markyesno Would you like insurance added for Second Guest? Must Mark ves no