

Moravian 553 Cruise
October 31-November 7, 2010
Moravian Tour Package Registration

Office Use Only: D: _____ C: _____ T: _____
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NAME: _____ Date of Birth: ____/____/____ Age: ____
(as it appears in your passport) mm dd yy

NAME (as you would like it to appear on your name tag): _____

ADDRESS: _____ City _____ State ____ Zip _____

PHONE: _____ (home) _____ (cell) _____ (work)

E-MAIL ADDRESS: _____ Passport Expiration Date ____/____/____
mm dd yy

STATEROOM: Interior Oceanview Balcony Mini-Suite

CIRCLE NUMBER IN YOUR CABIN: 1 2 3 4 NAMES: 2. _____

3. _____

Moravian Tour Package: \$250 per person

4. _____

Make check payable to: Moravian Church of Downey

A separate form is required for each passenger

DINING PREFERENCE: First Seating (6pm) Second Seating (8:15pm) Anytime (Open)

EMERGENCY CONTACT: _____

ADDRESS: _____ (name) _____ (phone)
City _____ State ____ Zip _____

RELATION: _____

SPECIAL OCCASION: _____ SPECIAL NEEDS: _____

SIGNATURE: _____ DATE: _____

Mail completed form to: 10337 Old River School Rd, Downey CA 90241-2057