2024 GOTHIC CRUISE

CONTROLLED CHAOS

March 2nd, 2024 onboard the Norwegian Escape, 7 Night Roundtrip From Port Canaveral (Orlando) Note! Names must match your passports exactly. If you are uncomfortable giving credit card information over the phone, you can email us at:

info@gothiccruise.com

or call 813 325 7435.

| Name | | | | | | | | Cabin Ca | tegory |
|---|------------------------|---------------|--------------------------|-------------|---|---------------|---------------|-----------------|------------|
| Address | | | | | | | | | |
| City | | S | tate | | Zip Co | ode | | In | surance |
| , | | | | | | | | Decline | Accept |
| Country | | | | | | | | | · |
| Phone Number | | | Email: | | | | | | |
| If you are travelin | ig alone, do | you wa | nt a roommate <i>i</i> | Auto Assigr | ned | | YES | NO | |
| (Once a roomma | te has been | assigne | d, you will be gi | ven their n | ame, email, ar | nd ph | one numbe | er, and vice ve | rsa) |
| 1st Passenger | | 2nd Passenger | | | | | | | |
| First Name | | | | | First Nam | ne | | | |
| Last Name | | | | | Last Nam | ne | | | |
| Date of Birth | | | | | Date of B | irth | | | |
| 3rd Passenger | | | | | 4th Passenger | | | | |
| First Name | | | | | First Nam | ne | | | |
| Last Name | | | | | Last Nam | ne | | | |
| Date of Birth | | | | | Date of B | irth | | | |
| Precruise Party (N | | | N INN GATEW | | | | | 3rd/4th Pers | son: \$120 |
| r recruise r arty (iv | | _ | ry 26th - 28th, I | - | | | | | 50H. \$120 |
| Sin | gle Person | Room: \$ | 210, 2 People F | er Room: \$ | 129 Per Perso | n 3r | d/4th Perso | on: \$80 | |
| Precruise party in | cludes: Ro | om, taxe | es, dinner, break | fast, round | trip airport tra | ansfer | rs, roundtrij | o ship transfe | rs. |
| Post party includes: Room, taxes, dinner. | | | | | Minimum Deposit: \$350 per person (\$700 if a single cabin) | | | | |
| Precruise Party: | NO YES (March 1st, 202 | | | 024) | Name as it appears on card | | | | |
| Additional Nights: | | | | | | | | | |
| Postcruise Party: | NO | YES | (March 9th, 2 | 024) | Deposit Amo | unt | | | |
| Need Airfare: | NO YES | | | | • | d of Payment: | | | |
| Any Special Medical Needs | | | | | Credit Card | ,,,,,, | | | |
| | | | | | Month Year Expiration Date: | | | | |
| | | | | | | | | | |
| | | | | | Security Code | e [| | | |
| Are you celebrati | ng any spe | cial occa | ssions onboard | ?: NO | YES | _ | | | |

 $\label{prop:completed} Email \ completed \ form \ to: \\ \textbf{info@gothiccruise.com}$