



**Phone: 877-505-2600 Fax: 760-744-1375**  
**The Ocean of Gratitude Cruise**  
**March 14-22, 2009**  
**Reservation/ Information and Acceptance**

Please fill in the following information and return via mail.

**How did you hear about the trip?** \_\_\_\_\_

**Please fill in all information below. Name must be listed as it is shown on your passport.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Requesting: \_\_\_\_\_ Sharing \_\_\_\_\_ Single \_\_\_\_\_ Triple \_\_\_\_\_ Quad \_\_\_\_\_ Cabin Category \_\_\_\_\_

Roommate Request (Y/N) \$500.00 per person deposit due at time of booking

Request Pre/Post Cruise Hotel (Y/N) Request Air (Y/N) From: \_\_\_\_\_ Air Quote: \_\_\_\_\_

**PAYMENT BY CREDIT CARD** Circle One: VISA, MC, DISCOVER, AMEX

Cardholders Name, as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3/4 digit code on the back side of the card: \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_

**Required Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I have read and understand the Terms and Conditions. Cardholder acknowledges receipt of goods and services in the amount shown hereon and agrees to perform the obligations set forth to the Cardholder's agreement with the Issuer.**

**MAIL CHECK TO:** Legendary World, 663 S. Rancho Santa Fe Rd, Suite 613, San Marcos, CA 92078