

AMERICAN BAPTIST WOMEN'S MINISTRIES CRUISE CONFERENCE

INDEPENDENCE OF THE SEAS REGISTRATION FORM

OCTOBER 8 – 12, 2020

PASSPORT NAME _____ Birthdate ____/____/____

ROOMMATE (if applicable) _____ (separate form needed)

HOME PHONE _____ CELL PHONE _____

HOME MAILING ADDRESS _____ APT/UNIT _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ (Please print clearly)

CRUISE CATEGORY FROM FLYER _____ PER PERSON CRUISE COST _____

FORM OF PAYMENT – CREDIT OR DEBIT CARDS ONLY

CREDIT CARD # _____ EXP _____ SECURITY _____

I, _____, (signature) authorize

Rosenbluth Vacations/Royal Caribbean Cruise Line to charge my card for \$_____.

Please email or fax completed form to cevans@rvacations.com or 610-825-4588