

## MISTI WASHINGTON GOURD & BASKET GUILD



## 

NAME				
EM4		PASSPORT OR BIRTH CERTIFICATE)	DHONE	
~EM/	AIL		PHONE	
PASSPO	ORT country: ~Issued by: _	Number:	Date issued: Date of Birth:	Date expires:
BIRTHI	DAY			
ADDRE	SS			
	city/state:			Zip:
DRIVE	R'S LICENSE	state:	number:	
EMERG		(not traveling with you)		
TRAVE		e. aaa, princess, etc.)		
CABIN		ndow, balcony, suite)		
	REQUESTED I	ROOM PARTNER:		
PAYME	NT Credit card	or Check number:		
	credit card ex	pires: security purposes it is recommended that cre	security code:	
	(for s	security purposes it is recommended that cre	edit card numbers be phoned ii	n)
REGIST	RATION FEES:			
		day \$40 (9a-Noon <u>or</u> 2-5p)	\$	
		day \$40 (9a-Noon <u>or</u> 2-5p)	\$	
		day \$65 (9a-Noon <u>&amp;</u> 2-5p)	\$	
		sday \$65 (9a-Noon <u>&amp;</u> 2-5p) ly & Tuesday \$100 (9a-Noon <u>&amp;</u> 2-5p)	\$	<del></del>
	2-uays Monda	ly & Tuesday \$100 (9a-100011 & 2-3p)	TOTAL ENCLOSED:	 \$
				Φ
WORKS	SHOP CHOICES r	number in order of preference each day:	:	
Mon.	9/24:	101 102 103 104		
Tue.	9/25:			
ARE YO	U INTERESTED			
	Pre-cruise Pac	ckage Information:		
		ackage Information:		
	Airfare To:_	Fron	1:	
		To: MAIL TO: K.ROMERO, 3979 Massachu:	From:	44 7525 1104

khrtravel@gmail.com (619)465-8633