

Mediterranean Cruise – October 9-17, 2010

Name _____ Phone _____

Please circle your rooming arrangement – Balcony Room Ocean View Room

Amount Enclosed \$ _____

Room Mate(s) _____

Address _____

City _____ State _____ Zip _____

Signature

Date

Please include deposit of \$500 per person with your registration

Return To: GVG Tours, 413 Highland Park Ave., Clinton WI 53525