

Group Ref. #



P.O. Box 983, Lithonia GA 30058 | Office: 770.482.5575 Fax: 770.482.1919
www.fourseasonspartycruise.com

GROUP LEADER APPLICATION

15th Annual Four Seasons Party Cruise
October 31 – November 4, 2011

Group Coordinators should use this application to officially register their group for the 15th Annual Four Seasons Party Cruise. A reference number will be assigned that is unique to your group by FSPC management. Please ensure that members of your group use the assigned reference number if they reserve their trip on their own.

Name of Group Coordinator:

Name of Group:

Group Coordinator's Confirmation Number:

Provided within 72 hours of booking.

Daytime Phone:

Mailing Address: _____

Email Address:

Signature of Group Coordinator: _____ Date: _____

The signing of this document certifies that you have read the group booking guidelines. Signee agrees to abide by said guidelines. Furthermore, signee agrees to indemnify Four Seasons Party Cruise for any errors or omissions made by said signee and/or any disputes between said signee and signee group members.

Please fax application to **(770) 482-1919** or email **sail@fourseasonspartycruise.com**. If you prefer, you may mail your application form to: **Four Seasons Party Cruise, Attn: Group Bookings, P.O. Box 983, Lithonia, Ga. 30058.**

If you have any questions, please call (770) 482-5575