

Mail to: Pro-Am Stars @SEA, 301 South Broadway, Salem NH 03079

1. Which Studio/Teacher are you with?: _____

2. Who is traveling?

Passenger 1

Name: _____
 Street: _____
 City, State: _____
 Zip Code: _____
 Phone #: _____
 Email: _____
 Birthdate: _____
 RCCL Crown & Anchor # _____

Passenger 2

Name: _____
 Street: _____
 City, State: _____
 Zip Code: _____
 Phone #: _____
 Email: _____
 Birthdate: _____
 RCCL Crown & Anchor # _____

3. Which Cabin would you like?:

Interior Cabin



\$899.00 pp dbl

Balcony Cabin



\$1199.00 pp dbl

Junior Suite



Call Organizer

Grand Suite




Call Organizer

4. Payment Info:

Passenger #1


Make Check Payable to :
Pro-Am Stars @ Sea



Card Holder Name: _____
 Card#: _____
 Expiration Date: _____
 CID: _____ . ZIP: _____ .
 Amt \$ _____

Passenger #2

Make Check Payable to :
Pro-Am Stars @ Sea



Card Holder Name: _____
 Card#: _____
 Expiration Date: _____
 CID: _____ . ZIP: _____ .
 Amt \$ _____