



WINGERS-N-WAVES
— The Ultimate Travel Club —

Harmony of the Seas

January 19-26, 2025

You are invited to join us on an amazing group cruise departing from Galveston, TX!
The Harmony of the Seas has won more awards than any other ship in the world.
It's the biggest, boldest ship to ever sail from the Lone Star State!



Oceanview Balcony
from \$1,036pp!

Rates are subject to change until booked.

GREAT GROUP RATES:

LIMITED SPACE The following group rate includes port tax and is based on double occupancy.

This cruise is open to all friends and family!

Becky and Gary Wheatley will host this group cruise. Please reserve with us to ensure you are invited to our private parties, special events, group dinners and more!

Deposit - Only a \$250 refundable deposit per person when you book at the group rate!

Final payment - due by October 14, 2024
*We reserve the right to change until booked or sold out.

HARMONY OF SEAS



Date	Port	Arrival Time	Departure Time
Jan 19 - Saturday	Galveston, Texas		4:00 PM
Jan 20 - Monday	At Sea		
Jan 21 - Tuesday	At Sea		
Jan 22 - Wednesday	Costa Rica, Roatan, Bay Islands, Honduras	8:00 AM	5:00 PM
Jan 23 - Thursday	Costa Maya, Mexico	8:00 AM	5:00 PM
Jan 24 - Friday	Cazumel, Mexico	7:00 AM	5:30 PM
Jan 25 - Saturday	At Sea		
Jan 26 - Sunday	Galveston, Texas	7:00 AM	

*Itinerary subject to change.

LIMITED SPACE - For questions and reservations, please contact
Mindy Bubar • mindy@agroupcruise.com • (904) 613-2205



A Group Cruise

CRUISE RESERVATION FORM

Fill this form using Adobe Acrobat, rename & save the completed form, then attach in an e-mail to mindy@groupcruise.com

Passenger Information: (Current legal name that is printed on your Passport)

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (_____) _____ Cell: (_____) _____ How many people in your cabin: _____

Email Address: _____ Nickname for social badge: _____

Date of Birth Month/Day/Year: _____ Cruise Line Loyalty Number: _____

U.S. Citizen: Yes No Group or Chapter Affiliation: _____

Additional Passenger:

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (_____) _____ Cell: (_____) _____ Best time to contact AM PM

Email Address: _____ Nickname for Social Badge: _____

Date of Birth Month/Day/Year: _____ Cruise Line Loyalty Number: _____

U.S. Citizen: Yes No Group or Chapter Affiliation: _____

Do you have any special needs? Please describe below: (i.e., Medical, Dietary, Limited Mobility, Allergic Reactions, CPAP, Request To Sit At Dinner With Specific Friends, Cabin Assignment Requests, Comments)

Special pricing - based on double occupancy Name of Ship: _____ Sailing date: _____

Inside Cabin Window Cabin Balcony Cabin

I would like to purchase travel insurance through the cruise line: Yes No

A deposit per person is due to reserve your cabin. (Plus if you would like to add travel insurance.)

PAYMENT AREA

Credit Card Type: Visa MC American Express Discover

Name on the credit card: _____

Credit Card Number: _____

Expiration Date: Month _____ Year _____ Security Code: _____

Billing Address: _____

City/State/Zip: _____

Approved amount to charge: \$ _____ Date of reservation: _____

Use the same credit card for the final payment? Please check one Yes No Contact me for another credit card

Internal Use Only: Date cabin booked: _____ Final payment paid: _____ Confirmation sent: _____