

SS JEREMIAH O'BRIEN CRUISE ORDER FORM

Fleet Week Cruise – SUNDAY, October 7, 2012

Boarding 9am, Departure 10am, Returns 5pm

1. Purchaser information

Full Name		
Address		
City	State	Zip
Phone	Email	

Please send tickets to my email

2. Names of passengers

1	5
2	6
3	7
4	8

Please use the back of this document for additional names

3. Tickets you are purchasing

<input type="text"/>	\$125 Adults	<input type="text"/>	\$75 Children Ages 5-16	<input type="text"/>	\$325 Family Two adults, two children
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4. Total to be paid: _____

I am paying by check # _____ (Checks payable to National Liberty Ship Memorial)

I am paying by credit card (Visa, Mastercard or Discover only)

Card Number	Exp	Verification Code
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5. Signature _____ Today's Date _____

Mail your completed form to:

The National Liberty Ship Memorial
1275 Columbus Ave, Suite 300
San Francisco, CA 94133

Or Fax to:

Fax: (415) 544-9890

Questions or comments?

Contact the office at (415) 544-0100,

or email us at liberty@ssjeremiahobrien.org.

You can also visit us online at www.ssjeremiahobrien.org