

DRAKE TRAVEL LLC
Office: (803) 738-8006 Business Cell: (803)-420-7648
Carnival Splendor
7 Day Exotic Eastern Caribbean Cruise
PAYMENT SHEET
October 22 - 29, 2017
Mail payments to:
Drake Travel
P. O. Box 25395
Columbia, S. C. 29224

\$50.00 per person due July 28, 2016 All Cabins	\$50.00 per person due by Jan 28, 2017 All Cabins
\$75.00 per person due by Oct 28, 2016 All Cabins	\$75.00 per person due by April 28, 2017 All Cabins
You can also make extra payments.	Final Payment due by August 1, 2017

KEEP THIS ABOVE PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR INITIAL DEPOSIT
7 Day Exotic Eastern Caribbean Cruise
October 22 - 29, 2017

Lead name in cabin (formal name-no nick names): _____
(Please print) DOB _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ **Date of Birth** (Required by cruise line of each person)

Cabin Category: Inside _____ Outside _____ Balcony _____

Cabin Desired: Double (2 in cabin) _____ Triple (3 in cabin) _____ Quad (4 in cabin) _____

Roommates: 2. _____ 3. _____ 4. _____
DOB _____ DOB _____ DOB _____

Deposit amount enclosed
\$ _____

MasterCard ___ Visa ___ (Card Number) _____

Exp. Date _____ **CVC** _____ **Signature for Card** _____

WE ACCEPT ALL MAJOR CREDIT CARDS

Are you interested in Trip Cancellation Insurance? Yes ___ No ___

If NOT taking insurance, please sign here _____

Email: _____

DRAKE TRAVEL LLC
Office: (803) 738-8006 or Business Cell: (803) -420-7648
7 Day Exotic Eastern Caribbean Cruise
October 22 - 29, 2017

Price per Person	Inside Cabin	Outside Cabin	Balcony
2 per cabin	\$670.00	\$740.00	\$920.00
3 per cabin	\$560.00	\$605.00	\$725.00
4 per cabin	\$500.00	\$535.00	\$625.00

Cruise Itinerary:

Day	Port	Arrive	Depart
Sunday	Miami, Fl	-----	8:00 pm
Monday	Fun Day At Sea	-----	-----
Tuesday	Grand Turk	8:00 am	4:00 pm
Wednesday	San Juan, PR	1:00 pm	9:00 pm
Thursday	St Thomas, USVI	7:00 am	3:00 pm
Friday	Amber Cove, DR	11:00 am	6:00 pm
Saturday	Fun Day At Sea	-----	-----
Sunday	Miami, Fl	8:00 am	

The company (cruise line) reserves the right to reinstate the fuel supplement for all guests at up to \$9 per guest per day if the NYMEX oil price exceeds \$70 per barrel.

Price Includes:

- ❖ Cruise cabin as selected
- ❖ Eight fabulous meals per day
- ❖ Varied entertainment each day
- * Port/International Taxes
- * Midnight buffet each night
- * And a lot more
- *Captains Gala Dinner
- * 24 hour room service

Price Does Not Include:

- ❖ **Transportation to/from Port to be announced if applicable based on number of people**
- ❖ Gratuities/tips to ship personnel **suggested \$95.00** for cabin steward & restaurant personnel
- ❖ Items of personal nature (bar drinks, personal services, etc)
- ❖ Trip Cancellation Insurance (Cost **\$80.00** per person inside cabin & **\$80.00** outside cabins
- ❖ **\$95.00** Balcony & Suite **\$95.00**)

Note: Identification – Passport

Drake Travel LLC
Forest Executive Plaza
4500 Fort Jackson Blvd
Columbia, SC 29209

Email: drakestravel@aol.com

website: www.DrakeTravel.GlobalTravel.com

[Please see Terms and Conditions at www.DrakesTravel.com](http://www.DrakesTravel.com)

Please provide the following information:

CABIN PASSENGER #1

Name: (as shown on PASSPORT) _____

DOB: _____ SEX _____ CITIZENSHIP _____

Address _____

City _____ State _____ Zip _____

Contact Number: _____

Pass Guest Number: _____

Email Address: _____

Please provide the following information:

CABIN PASSENGER #2

Name: (as shown on PASSPORT) _____

DOB: _____ SEX _____ CITIZENSHIP _____

Address _____

City _____ State _____ Zip _____

Contact Number: _____

Pass Guest Number: _____

Email Address: _____

Please provide the following information:

CABIN PASSENGER #3

Name: (as shown on PASSPORT) _____

DOB: _____ SEX _____ CITIZENSHIP _____

Address _____

City _____ State _____ Zip _____

Contact Number: _____

Pass Guest Number: _____

Email Address: _____

Please provide the following information:

CABIN PASSENGER #4

Name: (as shown on PASSPORT) _____

DOB: _____ SEX _____ CITIZENSHIP _____

Address _____

City _____ State _____ Zip _____

Contact Number: _____

Pass Guest Number: _____

Email Address: _____

Credit Card/Debit Authorization Form

CABIN PASSENGER #1

Card Holder Name : _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ CVC _____

Signature: _____

CABIN PASSENGER #2

Card Holder Name : _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ CVC _____

Signature: _____

CABIN PASSENGER #3

Card Holder Name : _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ CVC _____

Signature: _____

CABIN PASSENGER #4

Card Holder Name : _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ CVC _____

Signature: _____

