

**DRAKE TRAVEL LLC**

Office (803) 738-8006 or Business Cell: (803)-348-5483

3 Night Bahamas Cruise 2019

**Carnival Liberty**

**PAYMENT SHEET**

April 25 - 28, 2019

Mail payments to:

Drake Travel

P. O. Box 25395

Columbia, S. C. 29224

\$25.00 per person due by Oct 20, 2017 <b>All Cabins</b>	\$50.00 per person due by May 20, 2018 <b>All Cabins</b>
\$50.00 per person due by Jan 20, 2018 <b>All Cabins</b>	\$50.00 per person due by Aug 20, 2018 <b>All Cabins</b>
\$50.00 per person due by Mar 20, 2018 <b>All Cabins</b>	\$50.00 per person due by Oct 20, 2018 <b>All Cabins</b>
<b>You can also make extra payments.</b>	<b>Final Payment due by Feb 10, 2019</b>

**RETURN ALL COMPLETED PORTIONS WITH YOUR INITIAL DEPOSIT**

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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) \_\_\_\_\_

CVC# \_\_\_\_\_ Exp. Date \_\_\_\_\_ 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*  
3 Night Bahamas Cruise 2019

<i>Price Per Person</i>	<i>Category 1 Interior Stateroom</i>	<i>Category 2 Ocean View Stateroom</i>	<i>Category 3 Balcony Stateroom</i>
<b>2 Double Per Cabin</b>	\$370.00	\$410.00	\$465.00
<b>3 Triple Per Cabin</b>	\$310.00	\$335.00	\$370.00
<b>4 Quad Per Cabin</b>	\$280.00	\$300.00	\$330.00

*Cruise Itinerary:*

<i>Day</i>	<i>Port</i>	<i>Arrive</i>	<i>Depart</i>
<b>Thursday</b>	<b>Port of Canaveral, Fl</b>	-----	<b>4:00 PM</b>
<b>Friday</b>	<b>Nassau, Bahamas</b>	<b>10:00 AM</b>	<b>6:00 PM</b>
<b>Saturday</b>	<b>Fun Day at Sea</b>	-----	-----
<b>Sunday</b>	<b>Port of Canaveral, Fl</b>	<b>8:00 AM</b>	-----

**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 \$40.00** for cabin steward & restaurant personnel
- ❖ Items of personal nature (bar drinks, personal services, etc)
- ❖ Trip Cancellation Insurance (Cost **\$50.00** per person all cabins)

**Note: Identification – Passport**

**Drake Travel**  
**2548 Main Street, Suite F**  
**Elgin, SC 29045**  
**Email: [drakestravel@aol.com](mailto:drakestravel@aol.com)**  
**website: [www.DrakesTravel.com](http://www.DrakesTravel.com)**

*Drake Travel*

**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: \_\_\_\_\_

*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:* \_\_\_\_\_