

DRAKE TRAVEL LLC

Office (803) 738-8006 or Business Cell: (803)-420-7648

4 Day Western Caribbean Cruise 2020

Woodley Family Reunion Cruise

Carnival Fantasy Ship

PAYMENT SHEET

May 21 - 25, 2020

Mail payments to:

Drake Travel

P. O. Box 25395

Columbia, S. C. 29224

\$25.00 per person due by Feb 15, 2019 All Cabins	\$50.00 per person due by Aug 15, 2019 All Cabins
\$50.00 per person due by April 15, 2019 All Cabins	\$50.00 per person due by Oct 15, 2019 All Cabins
\$75.00 per person due by June 15, 2019 All Cabins	\$75.00 per person due by Jan 15, 2020 All Cabins
You can also make extra payments.	Final Payment due by Mar 15, 2020

RETURN ALL COMPLETED PORTIONS WITH YOUR INITIAL DEPOSIT

4 Day Western Caribbean Cruise 2020

Woodley Family Reunion Cruise

May 21 - 25, 2020

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: _____

4 Day Western Caribbean Cruise 2020
 Woodley Family Reunion Cruise
 May 21 - 25, 2020

<i>Price Per Person</i>	<i>Category 1 Interior Stateroom</i>	<i>Category 2 Ocean View Stateroom</i>	<i>Category 3 Suite Stateroom</i>
<i>Double Per Cabin</i>	\$490.00	\$535.00	\$1040.00
<i>Triple Per Cabin</i>	\$400.00	\$435.00	\$775.00
<i>Quad Per Cabin</i>	\$360.00	\$395.00	\$645.00

Cruise Itinerary:

<i>Day</i>	<i>Port</i>	<i>Arrive</i>	<i>Depart</i>
Thursday	Port of Mobile, AL	-----	4:00 PM
Friday	Fun Day at Sea	-----	-----
Saturday	Cozumel, Mexico	8:00 AM	4:00 PM
Sunday	Fun Day at Sea	-----	-----
Monday	Port of Mobile, AL	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 \$50.00** for cabin steward & restaurant personnel
- ❖ Items of personal nature (bar drinks, personal services, etc)
- ❖ Trip Cancellation Insurance (Cost **\$65.00** per person all cabins)

Drake Travel LLC
 2548 Main Street, Suite F
 Elgin, SC 29045
 Email: drakestravel@aol.com
 website: www.DrakesTravel.net

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: _____