



THE VACATION STATION
229 MEETING ST.
CHARLESTON, SC 29401

CRUISE REBATE REQUEST FORM

Member # _____

Member Name _____

Mailing Address _____

E-Mail Address _____

Member Phone # _____

Signature _____

Sail Date _____

Destination _____

Cruise Line _____

Booking ID/# _____

Booking Agent _____

Amount Paid _____

Rebate Amount _____

Please mail or fax this form along with a copy of your trip invoice/itinerary to the address/fax number below to receive your member rebate. Rebate checks will be mailed within 30 days upon receipt of request.

For questions about rebates, please call us at 877-642-8747, ext. 3.