



## THE KENLEY KONNECTION INC.

WEB: [www.kenleykonnection.com](http://www.kenleykonnection.com)  
EMAIL: [travel@kenleykonnection.com](mailto:travel@kenleykonnection.com)



### ***CARNIVAL FUNSHIP "HORIZON"***

***8 DAY SOUTHERN CARIBBEAN CRUISE***

***OCTOBER 25 - NOVEMBER 2, 2025***

Join the group on this exciting exotic cruise aboard the "HORIZON". This is a bold, beautiful ship jam-packed with activities/entertainment, formal and buffet dining options, bars and lounges galore.

SATURDAY MIAMI, FL  
SUNDAY FUN DAY AT SEA  
MONDAY FUN DAY AT SEA  
TUESDAY ARUBA  
WED. BONAIRE

THURSDAY CURACAO  
FRIDAY FUN DAY AT SEA  
SATURDAY FUN DAY AT SEA  
SUNDAY MIAMI, FL

**A BIRTH CERTIFICATE & PICTURE ID OR VALID PASSPORT IS REQUIRED FOR THIS TRIP**

#### **COSTS PER PERSON DOUBLES**

Cabin Category	Double	Ins/Cruise Protection	Gratuity
Interior Cabin	\$739	\$119	\$128
Ocean View (Deluxe family)	\$934	\$129	\$128
Balcony	\$1194	\$159	\$128

**PAYMENT SCHEDULE:** \$50 per person, non-refundable deposit due **IMMEDIATELY** to make your reservation. An additional payment of \$200 per person is due by March 1, 2025. **BALANCE DUE BY JULY 1, 2025; NO REFUNDS AFTER March 1, 2025.** All prices are based on a per person rate and subject to change until second payment of \$200 is paid.

Cash App:

Reservations acceptable **ONLY** with payment along with Reservation Form.

**CONTACT:** MS. GLO, 614-475-\*0618; Cell 614-638-4347; Leave msg for return call.





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## RESERVATION FORM

CABIN CATEGORY \_\_\_\_\_ CRUISE DEPOSIT \$ \_\_\_\_\_ per person

CRUISE COST: \$ \_\_\_\_\_ per person

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH (month/day/year) \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

ROOMMATE(s) \_\_\_\_\_ PHONE \_\_\_\_\_

(Roommate must also submit a reservation form)

EMERGENCY CONTACT PERSON \_\_\_\_\_ Phone \_\_\_\_\_

Cruise Insurance:      Accept \_\_\_\_\_      Decline \_\_\_\_\_

I have been offered the opportunity to purchase cruise protection insurance and understand that this allows reimbursement by the insurance company for unforeseen circumstances. I have indicated above whether I accept or decline this insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### MAIL OR DELIVER TO

THE KENLEY KONNECTION INC., 3361 PATRIOT BLVD, COLUMBUS, OH 43219,

OFFICE 614-898-9505;      Cash App: \$GloriaKenley

WEB:      [www.kenleykonnection.com](http://www.kenleykonnection.com);

Company Email:      [travel@kenleykonnection.com](mailto:travel@kenleykonnection.com)

Ms. Glo's Email:      [gloriabk@msn.com](mailto:gloriabk@msn.com)



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