

CAROL'S TRAVEL

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BOBBY SOX & BOOTS CRUISE CARNIVAL LIBERTY JANUARY 14-19, 2017

5 Day Western Caribbean Cruise

Please Circle Selected Category -

Day	Port	Arrive	Depart
SAT	GALVESTON		4:00PM
SUN	AT SEA		

FROM **\$545.00 pp dbl occ - category 4C (inside) - 4D \$560**

FROM **\$615.00 pp dbl occ - category 6B (outside) -6C \$635**

MON	COZUMEL	9:00AM	6:00PM
TUES	PROGRESO	10:00AM	6:00PM
WED	AT SEA		

Balcony cat 8B - FROM \$725.00 pp dbl * Suites on request only -from OS \$1175pp GS \$1575pp

Single occ FROM - \$1015.00 cat 4B * \$1165.00 cat 6B * \$1390.00 cat 8B

THUR GALVESTON 8:00AM **third/fourth passenger (sharing cabin w/ 2 full fare pax) FROM \$420.00 4B \$460.00 6B \$500.00 8B**

. Any change or delay in itinerary is beyond the control of Carol's Travel and is not basis for reimbursement or refund. Amenities and services may vary.
All U.S. citizens must provide proof of citizenship with a VALID U.S. PASSPORT OR CERTIFIED COPY OF BIRTH CERTIFICATE/ GOV'T ISSUED PHOTO I.D.. Mobility impairment can limit access to some areas of ship, and must be disclosed upon requesting reservation. Cross-reference requests are for dining purposes only, not for specific cabin assignments- all requests are at the discretion of Carnival Cruises only, and are not controlled by Carol's Travel. Please note: Taxes and surcharges by Carnival are subject to increase without notice and will be added to the final cost. **A \$250.00 PER PERSON DEPOSIT IS REQUIRED TO CONFIRM - FINAL PAYMENT DUE OCTOBER 17, 2016. SPACE IS LIMITED - LATER BOOKINGS MAY BE PRICED HIGHER. ALL PAYMENTS ARE NON-REFUNDABLE unless optional cancellation insurance has been purchased - see info below. Prices include port charges/ taxes along with all group private functions and group amenities.**

Passenger names: (as shown on Proof of citizenship) - **FULL LEGAL NAMES and DATES OF BIRTH MUST BE TYPED or PRINTED CLEARLY.** Name corrections or changes are accepted at Carnival Cruise Lines' discretion and will incur additional fees.

DOB: _____ T-Shirt size _____

DOB: _____ T-Shirt size _____

Third/Fourth Name(s) and DOB: _____ T-Shirt size(s) _____

Credit Card Nbr. _____ exp _____ security code _____

Cardholder Name: _____

Billing Address: _____

Telephone nbr (day) _____ (evening) _____ (cell) _____

Fax nbr _____ E-mail: _____

Cross reference with: _____ (All requests are controlled by Carnival Cruises & not guaranteed)

Cardholder signature: _____

I hereby accept these terms and authorize CARNIVAL CRUISE LINES or CAROL'S TRAVEL to charge my credit card \$ _____ for the above listed travel arrangements. **I understand that these charges are non-refundable** and that it is my responsibility to verify the accurate spelling of each passenger's name listed on this form - additional charges will be incurred for name changes/corrections. **Optional Carnival Cruise Vacation Protection Plan - is offered to Group Participants for an additional \$60.00 per person cat 4 /* \$79.00-\$99.00pp cat 6 or 8 /* \$109.00 - \$149.00 pp for suites by Transamerica Casualty. Payment must be included at time of booking. **I do do not wish to add this protection.** Coverage is not in effect until premium has been paid. Questions regarding benefits and coverage should be directed to Aon Affinity at 1-800-331-2796 or details are available at www.carnival.com

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