

CAROL'S TRAVEL

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Phone (713) 862-9888 Fax (713) 862-3555

10th Annual

MUSIC TRIBUTE CRUISE CARNIVAL TRIUMPH JANUARY 7-12, 2012

5 Day Western Caribbean Cruise

Please Circle Selected Category - see category list

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

FROM \$510.00 pp dbl occ - category 4B (inside) - 4D \$540

FROM \$580.00 pp dbl occ - category 6B (outside) -6C \$595

MON PROGRESSO 7:00AM 3:00PM
TUES COZUMEL 8:00AM 4:00PM
WED AT SEA

Balcony cat 8B - FROM \$690.00 pp dbl * Suites on request only -from OS \$1070pp GS \$1470pp

Single occ FROM - \$980.00 cat 4B * \$1100.00 cat 6B * \$1350.00 cat 8B

THUR GALVESTON 8:00AM

third/fourth passenger (sharing cabin w/ 2 full fare pax) FROM \$390.00 4B \$425.00 6B \$450.00 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 12, 2011. SPACE IS LIMITED - LATER BOOKINGS MAY BE PRICED HIGHER. ALL PAYMENTS ARE NON-REFUNDABLE. Prices include port charges/ taxes and 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 _____

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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 - (non pre-existing medical) is offered to Group Participants for an additional \$65.00 per person cat 4 * \$79.00pp cat 6 * \$109.00 pp for suites by Berkely Care. Payment must be included at time of booking. I do do not wish to add this protection.** Questions regarding benefits and coverage should be directed to Berkely Care at 1-800-331-2796.