

Community Life Center Cruise 2018

Aboard CARNIVAL PARADISE

For a 5 NIGHT Western Caribbean—Jan 29-Feb 3

Day	Port of Call	Arrival Time	Depart Time
Mon	Tampa, FL		04:00 PM
Tue	Fun Day At Sea		
Wed	Grand Cayman, Cayman Islands	08:00 AM	03:00 PM
Thu	Cozumel, Mexico	10:00 AM	08:00 PM
Fri	Fun Day At Sea		
Sat	Tampa, FL	08:00 AM	

GREAT GROUP RATES

+

\$50.00 from cruise line for each cabin booked.



CABIN TYPE

PER

PERSON

Double Occ

Interior

\$389.36

OceanView- deck 4

\$439.36

Ocean View deck 5

\$444.36

Includes all taxes and port charges.

Those wishing to travel with 3 or 4 in cabin should deposit now due to limited availability. Call for rates.

DEPOSIT REQUIREMENTS

A deposit of \$100.00 PER PERSON due by September 1, 2017

AUTOMATIC FINAL PAYMENT on November 15, 2017

TO JOIN COMPLETE RESERVATION FORM

Or contact: Carolyn Martin
sccmartin@aol.com

GROUP CRUISE REGISTRATION FORM

GROUP NAME KIWANIS/ APWA/ KAIROS

CANCELLATION PENALTIES

Cruise Line CARNIVAL

59-30 days prior to sailing= deposit

SHIP PARADISE

29-8 days prior to sailing= 50% of total fare

SAILING DATE JAN 29-FEB 3, 2018

7 days or less= 100% of fare

Name change= \$50.00pp

*PASSENGERS MUST HAVE PROPER TRAVEL
DOCUMENTS*

*US CITIZENS MUST HAVE A PASSPORT OR
ORIGINAL BIRTH CERTIFICATE WITH PHOTO ID*

DINING
EARLY LATE

Cabin Category: Inside _____ Oceanview 4 _____ Oceanview 5 _____

PASSENGERS MUST USE THEIR LEGAL NAMES AS ON PASSPORT

1. _____ Date of Birth ___/___/___ M/F
2. _____ Date of Birth ___/___/___ M/F
3. _____ Date of Birth ___/___/___ M/F
4. _____ Date of Birth ___/___/___ M/F

TRAVEL CANCELLATION INSURANCE

We Strongly recommend purchasing travel insurance due to the cruise lines' cancellation policies. Travel insurance must be purchased no later than the final payment date. This is to confirm that I am aware of the cancellation penalties and that travel insurance is available to protect against cancellation penalties.

SIGNATURE REQUIRED _____ DATE ___/___/___ ACCEPT _____ DECLINE _____

BILLING & TICKETING REQUIRED INFORMATION

ADDRESS: _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

CREDIT CARD TYPE _____ CARD NUMBER _____

EXP DATE _____ PLEASE CHARGE MY CARD _____ DEPOSIT/automatic Final

SIGNATURE _____ DATE _____

RETURN REGISTRATION TO:

Carolyn Martin
Or call (386) 747- 5094
Mail to: 835 Gator Lane
Deltona, fl 32738