

DRAKE TRAVEL LLC

Office (803) 738-8006 or Business Cell: (803)-846-5110

MLK Weekend Cruise

4 Day Bahamas Cruise 2023

Carnival Sunshine Ship

PAYMENT SHEET

January 12 - 16, 2023

Mail payments to:

Drake Travel

P. O. Box 25395

Columbia, S. C. 29224

\$50.00 per person due by Nov 10, 2020 All Cabins	\$75.00 per person due by Aug 10, 2021 All Cabins
\$75.00 per person due by Mar 10, 2021 All Cabins	\$75.00 per person due by Jan 10, 2022 All Cabins
<i>Early booking cruise by your deposit on/before November 15, your "Gratuities" will be paid.</i>	\$75.00 per person due by May 10, 2022 All Cabins
You can also make extra payments.	Final Payment due by Oct 20, 2022

RETURN ALL COMPLETED PORTIONS WITH YOUR INITIAL DEPOSIT

4 Day Bahamas Cruise 2023

January 12 - 16, 2023

Lead name in cabin (formal name-no nick names): _____

(Please print)

DOB _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ **Date of Birth** (Required by cruise line of each person)

Cabin Category: Interior _____ Ocean View _____ Balcony _____

Cabin Desired: Double (2 in cabin) _____ Triple (3 in cabin) _____ Quad (4 in cabin) _____

Roommates: 2. _____ 3. _____ 4. _____
DOB _____ DOB _____ DOB _____

Deposit amount enclosed

\$ _____

MasterCard ___ Visa ___ (Card Number) _____

CVC# _____ Exp. Date _____ Signature for Card _____

WE ACCEPT ALL MAJOR CREDIT CARDS

Are you interested in Trip Cancellation Insurance? Yes _____ No _____

If NOT taking insurance, please sign here _____

Email: _____

MLK Weekend Cruise
 Carnival Sunshine Ship
 4 Day Bahamas Cruise 2023
 January 12 - 16, 2023

Cost will include bus, cruise, port charges & taxes
Bus will leave from Columbia SC --Columbia Mall

<i>Price Per Person</i>	<i>Category 1 Interior Stateroom</i>	<i>Category 2 Ocean View Stateroom</i>	<i>Category 3 Balcony Stateroom</i>
<i>Double Per Cabin</i>	\$455.00	\$510.00	\$610.00
<i>Triple Per Cabin</i>	\$395.00	\$430.00	\$500.00
<i>Quad Per Cabin</i>	\$375.00	\$390.00	\$450.00

Cruise Itinerary:

<i>Day</i>	<i>Port</i>	<i>Arrive</i>	<i>Depart</i>
Thursday	Port of Charleston, SC	-----	4:00 PM
Friday	Fun Day at Sea	-----	-----
Saturday	Nassau, Bahamas	9:00 AM	5:00 PM
Sunday	Fun Day at Sea	-----	-----
Monday	Port of Charleston, SC	8:00 AM	-----

The company (cruise line) reserves the right to reinstate the fuel supplement for all guests at up to \$9 per guest per day if the NYMEX oil price exceeds \$70 per barrel.

Price Includes:

- ❖ Cruise cabin as selected
- ❖ Eight fabulous meals per day
- ❖ Varied entertainment each day
- * Port/International Taxes
- * Midnight buffet each night
- Transportation to/from Port**
- *Captains Gala Dinner
- * 24 hour room service
- * And a lot more

Price Does Not Include:

- ❖ Gratuities/tips to ship personnel **suggested \$50.00** for cabin steward & restaurant personnel
- ❖ Items of personal nature (bar drinks, personal services, etc)
- ❖ Trip Cancellation Insurance (Cost **\$50.00** per person inside cabin & **\$50.00** outside cabins
- ❖ Balcony **\$50.00**)

Note: Identification – Passport

**Drake Travel
 Forest Executive Plaza
 4500 Fort Jackson Blvd
 Columbia, SC 29209**

Email: drakestravel@aol.com
 website: www.DrakesTravel.com

Drake Travel

Please provide the following information:

CABIN PASSENGER #1

Name: (as shown on PASSPORT) _____

DOB: _____ SEX _____ CITIZENSHIP _____

Address _____

City _____ State _____ Zip _____

Contact Number: _____

Pass Guest Number: _____

Email Address: _____

Please provide the following information:

CABIN PASSENGER #2

Name: (as shown on PASSPORT) _____

DOB: _____ SEX _____ CITIZENSHIP _____

Address _____

City _____ State _____ Zip _____

Contact Number: _____

Pass Guest Number: _____

Email Address: _____

Please provide the following information:

CABIN PASSENGER #3

Name: (as shown on PASSPORT) _____

DOB: _____ SEX _____ CITIZENSHIP _____

Address _____

City _____ State _____ Zip _____

Contact Number: _____

Pass Guest Number: _____

Email Address: _____

Please provide the following information:

CABIN PASSENGER #4

Name: (as shown on PASSPORT) _____

DOB: _____ SEX _____ CITIZENSHIP _____

Address _____

City _____ State _____ Zip _____

Contact Number: _____

Pass Guest Number: _____

Email Address: _____

Credit Card/Debit Authorization Form

CABIN PASSENGER #1

Card Holder Name : _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ CVC# _____

Signature: _____

CABIN PASSENGER #2

Card Holder Name : _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____

CABIN PASSENGER #3

Card Holder Name : _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ CVC# _____

Signature: _____

CABIN PASSENGER #4

Card Holder Name : _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ CVC# _____

Signature: _____

