

## Carnival Glory Cruise Itinerary

Day	Ports of Call	Arrival	Departure
1	Miami, Florida		4:00 p.m.
2	Half Moon Cay, Bahamas (Worship Service on board)	9:00 a.m.	5:00 p.m.
3	"Fun Day" at Sea		
4	Charlotte Amalie, St. Thomas	10:00 a.m.	6:00 p.m.
5	San Juan, Puerto Rico	7:00 p.m.	3:30 p.m.
6	Grand Turk Island	11:30 p.m.	5:00 p.m.
7	"Fun Day" at Sea		
8	Miami, Florida	8:00 a.m.	

All Stateroom prices are based on double occupancy. Taxes and fees are included. Your package also includes shipboard accommodations, ocean transportation, entertainment and daily activities, on-board meals and some beverages. It does not include shore excursions, personal expenses or gratuities. There will be a \$100 cash bonus for first person to bring 10 people to book on the cruise.

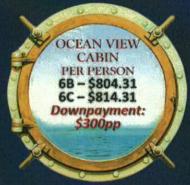
If you have not already signed up to attend, THERE IS STILL TIME. A down payment plus at Second payment of \$275 is due on MARCH 25TH and your final payment is due on JUNE 8TH. PENALTIES WILL APPLY WITH CANCELLATIONS

To sign up, please complete the attached credit card authorization form and return via fax (470) 268-8824, e-mail: elacejoy@gmail.com or in person to Clarence or Elaine Black, certified travel agents. Please include a copy of your driver's license and credit card. For more information and details, please contact the Blacks at (770) 849-0608 / (404) 583-0478 or Amandra Evans @ (404) 349-2852 or gcocae@bellsouth.net

Cruise insurance is available for an additional charge. \$79pp (inside), \$95pp (oceanview), and \$109pp (balcony)

\*PASSPORTS OR PASSPORT CARDS OR BIRTH CERTIFICATES & GOVERNMENT I.D. REQUIRED.











## CREDIT CARD AUTHORIZATION FORM

Today's Date: / Bo	poking #Supplier:
Date of trip://	
Cruise Ship Name:	_or Resort Name:
Type of room or kind of cabin requeste	ed:
Inside Cabin - \$	Oceanview Cabin - \$
Airfare from:to	Yes, I want pre-paid gratuities.
Deposit Amount: \$	_ Date for Deposit:
Second Payment: \$	Date for 2nd Payment:
Final Payment: \$[	Date for Final Payment:
Insurance for the trip Amount: \$	
I have declined insurance and I	realize by not purchasing it, my vacation is non-refundable
Total for the trip: \$	-
Please verify all legal names, birth guest at the time of travel)	dates, and ages of guest are correct. (Please make sure the age of
1)	
2)	
3)	
4)	g =
Credit Card: VISA MASTER CARD AMER	RICAN EXPRESS
Please provide front and back copies of y	our driver's license & your credit card.
Card Number:	
Name on Card:	
Expiration Date:	_ 3 Digit Security Code:
Billing Address:	
City: Si	tate: Zip:
Telephone Number:	Work Number:
I acknowledge that all the information a Travel and or the supplier to charge my	above is correct. By signing below I am giving authorization to Xstream card for all charges listed above.
Signature:	Date: