



Carnival Inspiration

Ships Registry Bahamas

September 4th, 2008 – 4 Nights



KREWE OF THE SANTA MARGARITA FOUNDATION

Arrrgggg Krewes Mateys!
Fund Raising and Fun!

Book Now and **SAVE** - Raise money for the KSM Foundation!

Day	Port	Arrive	Depart
Thursday	Tampa		4:00 pm
Friday	Fun Day at Sea		
Saturday	Cozumel	7:00 am	6:00 pm
Sunday	Fun Day at Sea		
Monday	Tampa	8:00 am	

Cabin	1 st /2 nd Person*	3 rd /4 th Person ⁺
Ocean View	\$410	\$280
Interior	\$360	\$260
Suites	On Request	

Carnival Cruise Lines Matching Funds Program Applies
 * Prices are PER PERSON and based on double occupancy and includes KSM Foundation donation, port charges, taxes and gratuities.
 + Additional charge for 3rd or 4th person sharing cabin and includes KSM Foundation donation, port charges, taxes and gratuities.
 Deposits are fully refundable until final payment is due – see back for amounts and dates
 Prices and availability subject to change until full deposit is made



Kate Daley
 (727) 415-3093 ♦ kate@travelbykate.com
www.travelbykate.com
 2525 S. Pasadena Ave ♦ St. Petersburg, FL 33707

Lead: _____

Booking#: _____

Carnival Cruise Lines Inspiration – September 4, 2008 – 4 Nights – Cozumel

INTERIOR CABIN

\$360
per person/double occupancy

Double Occupancy

PAYMENT SCHEDULE

OCEAN VIEW CABIN

\$410
per person/double occupancy

Single Occupancy/Suites

Rate on request

1st Deposit

\$50.00 per person
Due May 11, 2007

2nd Deposit

\$100.00 per person
Due May 1, 2008

3rd/4th Person in CABIN

\$260 Interior \$280 Ocean View
per person/trip/quad occupancy

Triple

Quadruple

Final Payment

Balance
Due July 1, 2008

Passenger One – PLEASE PRINT CLEARLY		Passenger Two – PLEASE PRINT CLEARLY	
Legal Name*		Legal Name*	
Address		Address	
City/State/Zip		City/State/Zip	
Phone(s)		Phone(s)	
Email		Email	
Country of Citizenship	Date of Birth	Country of Citizenship	Date of Birth
Past Guest Number		Past Guest Number	
Emergency Contact Name and Phone Number		Emergency Contact Name and Phone Number	
Special Medical/Dietary Needs		Special Medical/Dietary Needs	
Method of Payment <input type="checkbox"/> Check (Payable to Travel Beyond)		Method of Payment <input type="checkbox"/> Check (Payable to Travel Beyond)	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express		<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Name as it appears on Credit Card	Expiration Date	Name as it appears on Credit Card	Expiration Date
Card Number		Card Number	
I authorize Travel Beyond to charge deposits and payments to my credit card in accordance with the above payment schedule. I will notify Travel Beyond if I wish to use a different credit card prior to the due dates(s).		I authorize Travel Beyond to charge deposits and payments to my credit card in accordance with the above payment schedule. I will notify Travel Beyond if I wish to use a different credit card prior to the due dates(s).	
Cardholder's Signature	Date	Cardholder's Signature	Date

When to Reserve

Space is limited and reserving early and paying the full deposit will give you the best opportunity for a no-charge cabin upgrade.

Rates

Once your full deposit is paid your rate is secured. However, fuel surcharges, port charges and government taxes are subject to change.

Itinerary

The Cruise Line reserves the right to change the itinerary at any time.

Travel Documentation

* The name on your reservation **must** match your proof of citizenship. Proof of citizenship is required in the form of a **VALID PASSPORT**. If you are not a US citizen you **MUST** check with your consulate to ensure proper documentation. Boarding will be denied to those without proper documentation and they will receive no refund.

Cancellation

All cancellations must be made in writing and fees apply for cancellations received within 60 days of sailing date

Vacation Protection Plan

Trip protection is available and will refund otherwise non-refundable cruise vacation payments when you cancel for a covered event. For complete plan details go to www.travellex.com or call (800) 228-9792. The location code is **096523** and the ID code is **A01-0502**.

Please mail completed form to: Kate Daley ♦ 1512 Winding Way West ♦ Clearwater FL 33764 or Fax to: (727) 489-3695
Questions? (727) 415-3093 or Kate@TravelByKate.com