

CRUISIN' WITH THE STARS CARNIVAL BREEZE February 17 - 22, 2024

5 Day Western Caribbean Cruise

Please Circle Selected Category

Day	Port	Arrive	Depart
SAT	GALVESTON		4:00 PM
SUN	AT SEA		
MON	Costa Maya	1:00 AM	8:00 PM
TUES	COZUMEL	9:00 AM	5:00 PM
WED	AT SEA		
THUR	GALVESTON	8:00 AM	

FROM \$379 pp dbl occ Interior

FROM \$489 pp dbl cc Oceanview

FROM \$604 pp dbl occ Balcony

Price **DOES NOT** include taxes, gratuity or entertainment fee.

Any change or delay in itinerary is beyond the control of **Vince King Enterprises** 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 ID.** Mobility impairment can limit access to some areas of ship and must be disclosed upon requesting reservation. Please note: Taxes and surcharges by Carnival are subject to increase without notice and will be added to the final cost.

A \$175.00 PER PERSON DEPOSIT IS REQUIRED TO CONFIRM your booking. - FINAL PAYMENT DUE November 15, 2023. SPACE IS LIMITED – LATER BOOKINGS MAY BE PRICED HIGHER. ALL PAYMENTS ARE NON-REFUNDABLE unless optional cancellation insurance has been purchased – see info below.

Entertainment Fee of \$175.00 per person is Due August 1st 2023. VINCE accepts checks made payable to Vince King Enterprises mailed to PO Box 841273, Pearland, Tx 77584 or Zelle. NO Money ORDERS.

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.

Name _____ DOB: _____ T-Shirt size _____

Name _____ DOB: _____ T-Shirt size _____

Credit Card # _____ exp _____ security code _____

Cardholder Name: _____

Billing Address: _____

Telephone # _____ Email: _____

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 Sunset Travel Team 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 may be incurred for name changes/corrections. Travel Insurance is available from Carnival Vacation Protection Plan. Cost is approximately from \$65 per person. Please check your choice of trip insurance. **I do ___ do not ___ wish to add this protection**

Mail form to: Vince King Enterprises, PO Box 841273, Pearland, TX 77584 or **scan and email to** Janicewilsontravel@gmail.com

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