



8109 Fayetteville Road Suite 125 – 8
Raleigh, NC 27503

919.791-9836: Phone
919.894-1537: Fax

“Christmas in the Caribbean”

Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
Phone: _____ Email: _____

Stateroom: _____ INSIDE (\$400.00 per person) _____ OCEAN VIEW (\$450.00 per person)
_____ SUITE w/BALCONY (\$900.00 per person) _____ SUITE w/BALCONY (\$1000.00 per person)

3RD & 4TH PERSON IN SAME CABIN: \$275.00 INSIDE \$300.00 OCEAN VIEW \$350.00 SUITE

Trip *cancellation / interruption* insurance is suggested, would you like a quote? Yes No

How will you be traveling to Jacksonville, Florida? Drive Air Train

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

Payment Type: Check Credit Card
Credit Card: VISA MASTERCARD AMEXP

NUMBER: _____
EXP: _____
DEPOSIT: \$200 per person.

I GIVE AGAPE TRAVEL PERMISSION TO CHARGE MY CREDIT CARD FOR MY DEPOSIT FOR THIS CRUISE VACATION. I UNDERSTAND THAT AGAPE TRAVEL WILL NOT KEEP MY INFORMATION ON FILE AND MY CREDIT CARD INFORMATION WILL BE DISTROIED AFTER THIS PAYMENT.

Signature: _____ Date: _____

Payment of \$200 Per Person Due: **July 01, 2008** (After this date, Full Payment will be due)

Final Payment Due: **October 01, 2008**