

E.J. CHRISTIMAS CRUISE

sailing aboard the

ROYAL CARIBBEAN SYMPHONY OF THE SEAS

December 7, 2019 – December 14, 2019

Itinerary

Day	Date	Port of Call	Arrival	Departure
1	Saturday, December 7, 2019	Miami		4:30 pm
2	Sunday, December 8, 2019	Cruising		
3	Monday, December 9, 2019	Roatan, Honduras	9:30 am	6:00 pm
4	Tuesday, December 10, 2019	Puerto Costa Maya, Mexico	8:00 am	5:00 pm
5	Wednesday, December 11, 2019	Cozumel, Mexico	7:00 am	6:00 pm
6	Thursday, December 12, 2019	Cruising		
7	Friday, December 13, 2019	Perfect DayCococay, Bahamas	8:00 am	5:00 pm
8	Saturday, December 14, 2019	Miami	6:00 am	

Cost per person

Based on Double Occupancy (2 people in stateroom)

(includes all government port charges & taxes)

Category 6V Interior Stateroom (no window).....	\$888 per person
Category 6N Oceanview Stateroom (picture window).....	\$948 per person
Category 2J Central Park Balcony.....	\$1,008 per person
Category 4I Boardwalk Balcony.....	\$1,038 per person
Category 6D Oceanview Balcony.....	\$1,088 per person

Interested in Triple and Quad occupancy cruise rates, please call for rates

- Gratuities \$14.50 per person per day
- Travel Protection Insurance (interior, ocean view & balcony \$59 per person)
- Past Guest, Military, and Senior Citizen rates may be available on this cruise. So please advise if you qualify these rates and I will check availability and whether it is applicable.

Travel Documentation

Royal Caribbean strongly recommend that guests travel with a Passport. All Passports must be valid. U.S. citizens cruises that begin and end at the same port in the U.S. will be able to enter or depart the country with proof of citizenship, such as a birth certificate and laminated government issued picture ID, denoting photo, name and date of birth. A U.S. citizen under the age of 16 will be able to present either an original or a copy of his or her birth certificate, a Consular Report of Birth Abroad issues by DOS, or Certificate of Naturalization issued by U.S. Citizenship and Immigration Services.

Suggested Payment Schedule (minimum)

Payment	Payment Due Date on or before	Payments	Payment Amount
1	Saturday, September 1, 2018	Initial Deposit	\$150 per person
2	Monday, October 8, 2018	1 st Payment	\$100 per person
3	Tuesday, December 4, 2018	2 nd Payment	\$100 per person
4	Monday, January 7, 2019	3 rd Payment	\$100 per person
5	Monday, February 19, 2019	4 th Payment	\$100 per person
6	Friday, March 29, 2019	5 th Payment	\$100 per person
7	Monday, April 22, 2019	6 th Payment	\$100 per person
8	Tuesday, May 21, 2019	7 th Payment	\$100 per person
9	Wednesday, June 24, 2019	8 th Payment	\$100 per person
10	Thursday, July 25, 2019	9 th Payment	\$100 per person
11	August 30, 2019	Final Payment	Balance Due

Payment Method: Credit and/or Debit Card

Royal Caribbean Cancellation Schedule

Days Prior to Sailing	Cancellation Schedule	Date
89 - 57	\$250 per guest	September 9, 2019
56 - 29	50% per guest	October 12, 2019
28 - 15	75% per guest	November 9, 2019
14 - 0	100% per guest	November 23, 2019

King of Glory Travel
c/o E.J. Kelley, Elite Cruise Counselor
703 Waterview Drive
Palm Springs, Florida 33461
(561) 329-0566
EMAIL: THEKINGOFGLORYTRAVELCLUB@YAHOO.COM
WEBSITE: KINGOFGLORYTRAVEL.ORG
FLORIDA SELLER OF TRAVEL #ST38085

Cruise Booking Worksheet

Today's Date:	KING OF GLORY TRAVEL				
	Full Legal Name & Gender	Date of Birth			
1					
2					
Sailing Date:	12/7/19 - 12/14/19		Ship Name:	Royal Caribbean Symphony of the Seas	
Cruise Line:	Royal Caribbean Cruise Line				
Mailing Address:					
City, State, Zip:					
Mobile Phone:					
E-Mail:					
Passports Required	<input type="checkbox"/> Yes <input type="checkbox"/> No – We strongly suggest you have one before boarding this cruise, or You must have the original birth certificate with seal or a certified copy if you don't have a passport.				
Royal Caribbean Past Guest # or Military info					
Type of Cabin	<input type="checkbox"/> Category 6V Interior Stateroom (no window).....\$888 per person <input type="checkbox"/> Category 6N Oceanview Stateroom (picture\$948 per person <input type="checkbox"/> Category 2J Central Park Balcony.....\$1,008 per person <input type="checkbox"/> Category 4I Boardwalk Balcony.....\$1,038 per person <input type="checkbox"/> Category 6D Oceanview Balcony.....\$1,088 per person				
Cancellation Insurance:	<input type="checkbox"/> YES (interior , oceanview & balcony \$59) <input type="checkbox"/> NO - (You will be required to sign the decline travel insurance waiver form if you decide not to purchase travel insurance and YES, I will risk my whole investment)				
Pre-paid Gratuity:	<input type="checkbox"/> YES – Additional \$14.50 per person per day (\$101.50) (covering the team service staff, Maitre D' and Cabin Steward) <input type="checkbox"/> NO				
Emergency Contact Info	Name:		Phone Number:		
	Relationship to you:				
Special Request/Needs (Need to know ASAP)					

Please print clearly or type

E.J. KELLEY, ELITE TRAVEL COUNSELOR
 KING OF GLORY TRAVEL
 703 WATERVIEW DRIVE, PALM SPRINGS, FLORIDA 33461
 Please email or fax the forms back :thekingofglorytravelclub@yahoo.com (561)-355-0549

E.J. KELLEY
Owner/Agent of KING OF GLORY TRAVEL
703 WATERVIEW DRIVE, PALM SPRINGS, FLORIDA 33461
Email: THEKINGOFGLOSSYTRAVELCLUB@YAHOO.COM
Website: <http://www.kingofglorytravel.org>
561-329-0566 (Office mobile) (561 355-0549 (Fax)

Credit /Debit Card Authorization Form

I, _____, hereby authorize E.J. Kelley of King of Glory
Travel Agency to charge my credit/debit card

Card Number no. UPON RECEIPT OF THIS AUTHORIZATION I WILL CALL FOR THE CARD NUMBER
Expiration date: _____ and your 3 or 4 security code _____ from the back or front
of your card in the amount of \$ _____ for the following services: ROYAL CARIBBEAN
December 7, 2019 - December 14, 2019

Please circle the type of card

Discover Visa Master Card AMEX

Name: _____ (Name on the Card)

Address: _____ (Billing address)

_____ City _____ State _____ Zip

Phone Number: _____

Email: _____

**I/we are aware of any cancellation policies and agree not to dispute or attempt to chargeback
any of the above signed for and acknowledged charges.**

Cardholder's Signature: _____

Date: _____