LET'S MEET UP IN JAMAICA



6 day/5 night

Thursday, October 22, 2020 – Tuesday, October 27, 2020

Slip away to Jamaica and enjoy a vacation at Ocean Coral Spring! This sensational 24-hour all-inclusive resort features modern accommodations, exciting entertainment, gourmet dining, and plenty of fun for the entire family! Splash around in two swimming pools, enjoy watersports and an on-site diving center (fee), a lazy river, and a water park! Two tennis courts, a bowling alley, and a multi-sports court are also available for all day enjoyment. Don't forget to pamper yourself at the Despacio Spa Centre or work up a sweat at the gym. Feel like grabbing a bite to eat? Ten restaurants and four bars are ready to satisfy your tummy and quench your thirst. Then, finish off your night with a visit to the theater, disco, or game room!

Travel Package includes (LAND ONLY)

- +5 night accomodations @ Ocean Coral Springs Resort
- +Roundtrip airport/hotel tranfers
- **+Travel Insurance**
- +All taxes

All rates are based on per person/double occupancy

\$890 per person	\$995 per person	\$994 per person	\$1,024 per person
Jr. Suite Gardenview	Jr. Suite Poolview	Jr. Suite Oceanview	Jr. Suite Swim-up

**Please note: All rates are subject to change, until package lock in with a deposit. If you need rates based on Single, Triple or Quad please email us for those rates.

\$125 per person deposit is due at booking

(Deposit is non-refundable & non-transferable)

A mandatory monthly payment of \$100 per person is due on or before 25th of each month

Any missing monthly payment will be charged a \$10 late fee

Remaining Balance Due: September 3, 2020

(After this date, booking is subject to cancellation with penalty)

Optional add on or you may purchase the items listed below on your own

- Arrival & Departure VIP Club MoBay Services \$80 per person
- Airfare

Contact Information: E.J. KELLEY

Office: (561) 329-0566

Email: thekingofglorytravelclub@yahoo.com Website: www.KINGOFGLORYTRAVEL.ORG

Forms of Payments: Credit or Debit Card only

Travel Booking Worksheet

The Transportation Security Administration (TSA) requires our customers to provide their full name (<u>as It</u> <u>appears on your Passport</u>), date of birth and gender when round-trip airline tickets are added to your vacation package.

Tod	ay's Date:								
	Full Legal Name a	and Gender	Date of Birth	rte of Birth Full Legal Name and Gender			Date of Birth		
1				3					
2				4					
Resort Name: Ocear		Ocean Coral	Spring	Tri	p Name:	•	Meet up in Jamaica 2/20 - 10/27/20		
Address:									
City	, State, Zip:								
Mobile Phone:				Alte	Alternate Phone:				
E-M	ail:								
Exp	sport Number, iration Date, and te the passport was ie:	tion Date, and the passport was Please forward over a copy of your passport, for our agency to verify the correct spelling of your name, date of birth and expiration date.							
Trav	vel Insurance:	 ☐ Include – Included in the Pricing ☐ Decline - You will be required to sign a decline waiver for my travel package if you decide not to purchase travel insurance and YES, I will risk my whole investment). 							
Em Info	ergency Contact	Name: Phone Number: Relationship to you:							
Rec	ecial quest/Needs (Need now ASAP)								
,		□Junior. Suite Garden View \$890 per person							
Room Selection:	om Selection:	□ Ir. Suite Pool View \$955 per person							
		☐ Jr. Suite Oceanview Jr. Suite Privilege Oceanview \$994 per person ☐ Jr. Suite Swim-up \$1,024 per person							
		•	se write clearly (nation			
_		cancellation posted above. All late fee wil	olicies and agree	e not ent is all m	to dispute or required and issing monthl	attempt to charg I if any monthly p y payments.	geback any payments ayment missed a \$10		
			E.J.	KELL	.EY				

E.J. KELLEY
KING OF GLORY TRAVEL.
703 WATERVIEW DRIVE
PALM SPRINGS, FLORIDA 33461

EJ KELLEY

Owner/Agent of KING OF GLORY TRAVEL 703 WATERVIEW DRIVE

PALM SPRINGS, FLORIDA 33461

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Credit Card/Debit Authorization Form

I,credit/debit card		, hereby author	rize E.J. KE	ELLEY, KING OF GLORY TRAVEL to charge my
Card Number #				
Expiration date:	_ and your 3	or 4 security cod	e	from the back or back of your card in the
amount of \$	for the follow	ving services:Let'	s Meet up	in Jamaica 10/22/20 - 10/27/20
	Visa	Please circle the Master Card		
Name:				(Name on the Card)
Address:				(Billing address)
City	State	Zip		
Phone Number:				_
Email:				_
Cardholder's Signature:				
Date:				