

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 accommodations @ Ocean Coral Springs Resort
- +Roundtrip airport/hotel transfers
- +Travel Insurance
- +All taxes

All rates are based on per person/double occupancy

\$890 per person Jr. Suite Gardenview	\$955 per person Jr. Suite Poolview	\$994 per person Jr. Suite Oceanview	\$1,024 per person 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.**

\$75 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 (***as it appears on your Passport***), date of birth and gender when round-trip airline tickets are added to your vacation package.

Today's Date:					
	Full Legal Name and Gender	Date of Birth		Full Legal Name and Gender	Date of Birth
1			3		
2			4		

Resort Name:	Ocean Coral Spring	Trip Name:	Let's Meet up in Jamaica 10/22/20 - 10/27/20
--------------	---------------------------	------------	---

Address: _____

City, State, Zip: _____

Mobile Phone: _____	Alternate Phone: _____	
---------------------	------------------------	--

E-Mail: _____

Passport Number, Expiration Date, and State the passport was Issue:	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.
--	---

Travel Insurance:	<input type="checkbox"/> Include - Included in the Pricing <input type="checkbox"/> 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).
--------------------------	---

Emergency Contact Info	Name: _____ Phone Number: _____	Relationship to you: _____
-------------------------------	---------------------------------	----------------------------

Special Request/Needs (**Need to know ASAP**) _____

Room Selection:	<input type="checkbox"/> Junior. Suite Garden View \$890 per person <input type="checkbox"/> Jr. Suite Pool View \$955 per person <input type="checkbox"/> Jr. Suite Oceanview Jr. Suite Privilege Oceanview \$994 per person <input type="checkbox"/> Jr. Suite Swim-up \$1,024 per person
------------------------	--

Please write clearly or type your information

I/we are aware of any cancellation policies and agree not to dispute or attempt to chargeback any payments made towards our trip listed above. All monthly payment is required and if any monthly payment missed a \$10 late fee will be applied on all missing monthly payments.

_____ Please initial, you agree with all terms and agreements.

**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
Email: thekingofglorytravelclub@yahoo.com
Website: http://www.kingofglorytravel.com
cell (561) 329-0566 (fax) (561) 355-0549

Credit Card/Debit Authorization Form

I, _____, hereby authorize E.J. KELLEY, KING OF GLORY TRAVEL to charge my credit/debit card

Card Number # _____

Expiration date: _____ and your 3 or 4 security code _____ from the back or back of your card in the amount of \$ _____ for the following services: **Let's Meet up in Jamaica 10/22/20 - 10/27/20**

Please circle the type of card

Visa Master Card AMEX Discover

Name: _____ (Name on the Card)

Address: _____ (Billing address)

City State Zip

Phone Number: _____

Email: _____

Cardholder's Signature: _____

Date: _____