

Join us on the Fastrak Racing Series Cruise

Sail Aboard the
Carnival Fantasy
January 25, 2012

5 Night Cruise
from Charleston to
Freeport and Nassau



Tammy Bailes
mycruiseoutlet.com®
2752 Pleasant Rd.
Suite 107
Fort Mill, SC 29708

803-548-9161 Direct line
803-431-2373 FAX
877-543-0815 TOLL FREE
tammy@mycruiseoutlet.com

THE FOLLOWING GROUP RATES INCLUDE:
CRUISE FARE, PORT CHARGES and are PER
PERSON.

Taxes are an additional \$78.14 per person.

Inside Cabin – Category 4B (decks 1 & 2)
\$319 1st & 2nd passengers

Inside Cabin – Category 4C (decks 2 & 3)
\$324 1st & 2nd passengers

Inside Cabin – Category 4D (decks 3 & 4)
\$334 1st & 2nd passengers

Oceanview Cabins – Cat. 6B (decks 1 & 2)
\$359 1st & 2nd passengers

Oceanview Cabins – Cat. 6C (decks 2 & 3)
\$364 1st & 2nd passengers

Oceanview Cabins – Cat. 6D (decks 3 & 4)
\$384 1st & 2nd passengers

Suites and other categories available upon
request based on availability.

CARNIVAL GROUP RATES – are shown above.

Double occupancy cabins require a \$50 per person
deposit. Triple and quad cabins and Suites require a
deposit of \$200 per person.

EARLY SAVER RATES (as published on carnival.com)
are available upon request. This rate requires a \$200
NON-REFUNDABLE deposit per person and no name
changes are allowed.

DEPOSIT REQUIREMENT PER PERSON DUE:

1st Deposit: \$50 by 9/12/2011
2nd Deposit: \$150 by 9/24/2011
Final Payment by 11/14/2011

CANCELLATION POLICIES: (Penalties are per person) CRUISELINE POLICY:

11/27/2011 – 12/11/2011 \$200
12/12/2011 – 2/27/2011 50% of total
12/28/2011 - 1/11/2012 75% of total
1/12/2012 – sailing 100% of total

REGISTRATION FORM

Cabin Category? _____
GROUP RATE or EARLY SAVER
Travel Insurance? Yes No
Add Prepaid Gratuities? Yes No
Any Medical Conditions? Yes No
If yes, _____

[Must be LEGAL names. First and last
names as they appear on Passport.]

PASSENGER 1:

Name: _____

DOB: _____

Address: _____

Passport#: _____

Home #: _____

Cell #: _____

E-mail: _____

Signature*: _____

PASSENGER 2:

Name: _____

DOB: _____

Address: _____

Passport#: _____

Home #: _____

Cell #: _____

E-mail: _____

Signature*: _____

*I have read & understand the cruise line
cancellation policy.

**RETURN THIS SECTION
WITH DEPOSIT.**
Fastrak Racing Series

**Fastrak Racing Series
Cruise**

**1/25/2012
Carnival Fantasy**

ATTN: Tammy Bailes

RETURN THIS SECTION WITH DEPOSIT!

PASSENGER 3:

Name: _____

DOB: _____

Address: _____

Passport#: _____

Home #: _____

Cell #: _____

E-mail: _____

Signature*: _____

PASSENGER 4:

Name: _____

DOB: _____

Address: _____

Passport#: _____

Home #: _____

Cell #: _____

E-mail: _____

Signature*: _____

***I have read & understand the cruise line
cancellation policy.**

Important Info:

PAYMENTS

Payments may be made by credit card, money order or check. If you are paying by check or money order, please make payable to My Cruise Outlet and send to:

**ATTN: Tammy
2752 Pleasant Rd.
Suite 107
Fort Mill, SC 29708**

NAMES

Please read the receipt and make sure your names are spelled correctly. Your first & last names need to appear EXACTLY as they do on your Passport.

SPECIAL REQUIREMENTS

Please let Tammy know if you have any special medical needs that the cruise line needs to be aware of.



TRAVEL INSURANCE
Is highly recommended.
Please call Tammy for a
quote.

PRE-REGISTRATION

You are required by the cruise line & U.S. Immigration to pre-register your personal information, prior to your travel date. Closer to your travel date, Tammy will provide you with the information to complete the online pre-cruise registration.

DON'T FORGET!

A certified copy of birth certificate plus valid driver's license OR a valid passport is required for this cruise. Passports must be valid at least 6 months beyond the last day of travel. Passport requirements pertain to all travelers, regardless of age. Without proper identification, you will be denied boarding with no refund. If you do not have a Passport, apply now. **DO NOT DELAY!**