

DESTINY CRUISE

Join members of the Voices in Harmony on a cruise! We're sailing aboard the Carnival Destiny on a 5-night cruise, February 8–13, 2010. Not sure what to expect? Beautiful scenery, good company, great food, and singing! You will receive music and learning tapes ahead of time. We will informally sing around the ship and at dinner. Friends, family and spouses are welcome!

Cruise departs Miami with stops in Grand Turk, Turks & Caicos; Half Moon Cay and Nassau, Bahamas. You'll also enjoy a full day at sea.



Price per person:	2/Room	3/Room	4/Room
Balcony Cabin	\$591.71	\$488.37	\$436.71
Ocean View Cabin	\$491.71	\$415.04	\$376.71
Interior Cabin	\$421.71	\$361.71	\$331.71

If interested, please complete one worksheet per cabin and return to Jennifer Jones by March 17. Prices above do not include airfare, pre- or post-cruise hotel, gratuity, and transportation to/from the port. You will be responsible for coordinating travel and hotel arrangements and you will need a passport to travel!

A \$25/person deposit is due March 17. A \$200 deposit/person is due on October 6 and final payment will need to be made on December 8. Credit card payments only and credit cards will automatically be charged on the dates listed above.

Questions? Contact Jennifer Jones at jjlynn@med.umich.edu or 734-765-3611





DESTINY Cruise 2010 Worksheet – Fill Out One Per Cabin
Contact: Jennifer Jones
44224 Robson Rd., Belleville, MI 48111
Work: 734-763-2441; Cell: 734-765-3611
Fax: 734-763-5992; Email: jjlynn@med.umich.edu

Passenger 1:

Legal First & Last Name: _____ Date of birth: _____

Mailing Address: _____ City/State/Zip: _____

Email address: _____ Contact Phone: _____

Which voice part do you sing? _____ Past Guest Number: _____

In Case of Emergency, Contact: _____ Phone Number: _____

List medical conditions or food allergies the cruise line should know about: _____

Credit Card Number: _____ Expiration Date: _____

Name as it appears on credit card: _____

Passenger 2:

Legal First & Last Name: _____ Date of birth: _____

Mailing Address: _____ City/State/Zip: _____

Email address: _____ Contact Phone: _____

Which voice part do you sing? _____ Past Guest Number: _____

In Case of Emergency, Contact: _____ Phone Number: _____

List medical conditions or food allergies the cruise line should know about: _____

Credit Card Number: _____ Expiration Date: _____

Name as it appears on credit card: _____

Passenger 3:

Legal First & Last Name: _____ Date of birth: _____

Mailing Address: _____ City/State/Zip: _____

Email address: _____ Contact Phone: _____

Which voice part do you sing? _____ Past Guest Number: _____

In Case of Emergency, Contact: _____ Phone Number: _____

List medical conditions or food allergies the cruise line should know about: _____

Credit Card Number: _____ Expiration Date: _____

Name as it appears on credit card: _____

Please turn in forms to Jennifer Jones. She will collect them and send them on to the travel agent.
Travel Agent: Kelly Berch, Online Cruise Service
Phone: 800-431-2999; Fax: 727-447-7104; Email: Kelly@onlinecruiseservice.com



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Passenger 1: _____ Passenger 2: _____ Passenger 3: _____

Cruise Info: Type of cabin: Balcony Ocean View Inside

Cruise Insurance: \$79 (balcony), \$59 (ocean view), \$49 (inside)

Passengers requesting insurance _____

Cruise shuttle transfers: One way, \$16/per person Round trip, \$32/per person

Passengers requesting transfers _____

To Be Completed by Travel Agent:

Reservation #: _____ Cabin #: _____

Passenger 1: Payment #1: _____ Date: _____ Payment #2: _____ Date: _____

Final Payment: _____ Date: _____

Passenger 2: Payment #1: _____ Date: _____ Payment #2: _____ Date: _____

Final Payment: _____ Date: _____

Passenger 3: Payment #1: _____ Date: _____ Payment #2: _____ Date: _____

Final Payment: _____ Date: _____

Notes: _____

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