





Cruise with the ***Guyana Association of Georgia*** aboard Carnival's Freedom
to the ports of
Key West, Florida, Grand Cayman Island and Ocho Rios, Jamaica

 **October 4-10, 2009** 

Your Cruise Package Includes

- ✿ 6 Nights Cruise Aboard the **Freedom** ✿ Up to Eight Meals and Snacks Daily Activities
- ✿ Entertainment and Shipboard Activities ✿ Full Casino ✿ Port Tax and Fuel Surcharges (Subject to Change)
- ✿ ✿ Drinks, Tips, Tours, Transportation and Items of Personal Nature Are Not Included. ✿ ✿

PASSPORTS ARE REQUIRED FOR TRAVEL

	Category 4B Interior	Category 6B Oceanview	Category 8B Balcony	Category 11 Suite	Category 12 Suite
COST PER	\$649.00 Double	\$729.00 Double	\$879.00 Double	\$1,379.00 Double	\$1,979.00 Double
PERSON:	\$573.00 Triple	\$636.00 Triple	\$746.00 Triple		
	\$534.00 Quad	\$589.00 Quad			

SPACE IS LIMITED FOR TRIPLE AND QUAD CATEGORIES

- Deposits:** \$50.00 Per Person Non-Refundable Deposit is Due for **November 15, 2008**.
\$250.00 Per Person for Balcony and Suites
- 2nd Deposit:** \$100.00 Per Person Deposit due **February 15, 2009**.
- 3rd Deposit:** \$150.00 Per Person Due **March 15, 2009**
\$200.00 Per Person for Balcony and Suites
- 4th Deposit:** \$150.00 Per Person Due **April 19, 2009**
\$200.00 Per Person for Balcony and Suites
- Final Payment:** Due **May 30, 2009**.
- Cancellations:** \$250.00 Per Person Penalty Will Be Assessed For Reservations Cancelled After **June 29, 2009**.
50% Penalty Per Person for Reservations Cancelled After **August 14, 2009**.
No Refund For Reservations Cancelled After **September 10, 2009**.
- Conditions:** Names May Be Substituted In Order To Avoid Cancellation Penalties Until **June 29, 2009**.
After **June 29, 2009**, a **\$75.00** Per Person Administrative Fee Will Apply.
Cancellation Waiver Insurance Is Available At Additional Cost.
- Contact:** **Waveney Coppin - 404-534-9080, Orrin Marshall - 404-638-9189 or Philip Andrews - 678-463-7619**

All Payments Should be Made Payable to: **Guyana Association of Georgia**. Mail to: **Guyana Association of Georgia, Post Office Box 360744, Decatur, Georgia 30036**.



Guyana Association of Georgia

4B interior

6B oceanview

Circle Cabin Choice

8B balcony

Cat 11 Suite

Cat 12 Suite



Name _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Roommate _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Signature _____ **Amount Enclosed** _____