



**JACOB'S GRADUATION GROUP
JUNE 6-13, 2026
CARNIVAL DREAM
1 NT GALVESTON & 6 NIGHT WESTERN CARIBBEAN CRUISE**

The Carnival Dream is packed with fun activities and dining options, including the RedFrog Rum Bar, Blueguana Tequila Bar, Bonsai Sushi, and Guy's Pig & Anchor Smokehouse. There's also a waterslide at Carnival WaterWorks and a Thalassotherapy pool at the Cloud 9 Spa

ITINERARY:

Sat. June 6	Fly from BWI to Houston Hobby Airport. Transfer to a hotel in Galveston. Overnight in Galveston.
Sun. June 7	Late morning transfer to ship. Sail from Galveston at 3:30pm
Mon. June 8	"Fun Day" at Sea
Tues. June 9	1:00pm Arrive Costa Maya, Mexico. Depart 6:00pm
Wed. June 10	8:00am Arrive Belize City, Belize. Depart 5:00pm
Thurs. June 11	9:00am Arrive Cozumel, Mexico. Depart 5:00pm
Fri. June 12	"Fun Day" at Sea
Sat. June 13	8:00am Arrive Galveston. Transfer to airport for an afternoon flight home to BWI.

PRICE (per person, based on double occupancy):**

Cat 4E Interior, Deck 6 \$2075.00 pp

Cat 8B Balcony, Deck 6 \$2470.00 pp

Other categories available upon request.*

3rd/4th person in a room: Interior room \$1915.00 per person, Balcony room \$1575.00 per person
HURRY!! There are a limited number of rooms in each category.

These prices will go fast!

**Includes: *estimated* round trip airfare from BWI to Houston, transportation from airport to hotel to ship to airport, 1 night at a hotel in Galveston, hotel taxes, 6 nights accommodations on board the beautiful *Carnival Dream*, all meals, shipboard activities and entertainment while on board, port charges, government taxes, gratuities to your waiter, assistant waiter, maitre d' and cabin steward.

NOTE: The above prices are based on *estimated* airfare and hotel prices. Airfare and hotel contracts will be confirmed by Fall 2025.

GROUP BONUS: \$50 per room shipboard credit (with a minimum of 5 cabins)

Not included: transportation to BWI airport (can be arranged at finalization), shore excursions, bar drinks, beauty salon, casino, travel insurance and items of a personal nature.

Payment schedule: \$250 per person deposit and travel insurance are due at the time of the reservation. Final payment is due by Mar. 2, 2026.

Ask about a monthly payment plan!

Cancellation policy: \$50 administrative fee is charged by Krouse Travel for **all** cancellations. Cruise deposit of \$250 per person is refundable (unless noted on your invoice) if cancelled by Mar. 10, 2026. \$250 per person penalty plus \$50 per person Krouse admin fee plus any additional vendor fees if canceled between Mar. 11 and Apr. 14, 2026. 50% per person penalty plus \$50 per person Krouse admin fee plus any additional vendor fees if canceled between Apr. 15 and May 10, 2026. 75% per person penalty plus \$50 per person Krouse admin fee plus any additional vendor fees if canceled between May 11 and May 25, 2026. NO refund if canceled on or after May 26, 2026.

Trip protection: We encourage all travelers to purchase Travel Protection at the time of the initial trip deposit. Call or email for prices.

Single, triple and quad rates are available upon request and are subject to change until a deposit is paid.

Documentation required: a passport is required for this trip. *Please provide a copy of your passport with your deposit or at your earliest convenience.*

For more information call Deb Krebs:

KROUSE TRAVEL

1284 Greensprings Dr

York, PA 17402

1-717-515-8448

e-mail dkrebs@krousetravel.com

**JACOB'S GRADUATION GROUP
CARNIVAL DREAM, WESTERN CARIBBEAN
JUNE 6-13, 2026
RESERVATION COUPON**

NAME(S) *exactly* as it appears on your passport:

1. _____ Date of Birth: _____

Past Guest number: _____

2. _____ Date of Birth: _____

Past Guest number: _____

ADDRESS: _____ Email: _____

CITY: _____ STATE: _____ ZIP: _____

PAX #1 CELL: _____ PAX #2 CELL: _____

HOME PHONE: _____

Cabin type requested: _____ Dining: Early _____ Late: _____ Your Time (open): _____

Hotel Bedding preference: 2 Queen beds: _____ 1 King bed: _____

We would like a room near: _____ (request basis only, cannot be guaranteed)

Travel protection: No _____ Yes _____ Amount: _____

Special occasions: _____ Special Medical Needs or Requests: _____

Form of payment: Check _____ Amount _____

Credit card: _____ Exp date _____ Sec code: _____

Amount to be charged: _____ Signature: _____

Please provide a photocopy of your passport along with your payment OR at your earliest convenience.

PLEASE RETURN THIS COUPON WITH YOUR PAYMENT TO:

**KROUSE TRAVEL
ATTN: DEB KREBS
1284 GREENSPRINGS DR
YORK, PA 17402**

PH: 1-717-515-8448 Fax: 717-246-4107 email: dkrebs@krousetravel.com

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NAME(S) *exactly* as it appears on your passport:

1. _____ Date of Birth: _____
2. _____ Date of Birth: _____
3. _____ Date of Birth: _____
4. _____ Date of Birth: _____

Have any of you sailed on Carnival Cruise Line in the past? _____

ADDRESS: _____ Email: _____

CITY: _____ STATE: _____ ZIP: _____

PAX #1 CELL: _____ PAX #2 CELL: _____

Cabin type requested: _____ Dining: Early _____ Late: _____ Your Time (open): _____

Hotel Bedding preference: 2 Queen beds: _____ 1 King bed: _____

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