



THE KENLEY KONNECTION INC.

3361 Patriot Blvd., Columbus OH 614-898-9505

www.kenleykonnnection.com; travel@kenleykonnnection.com



***ALL ABOARD---GET READY FOR THE KENLEY KONNECTION'S
RAIL & SAIL ADVENTURE
AMTRAK & CARNIVAL CRUISE LINE
SEPTEMBER 12-21, 2025
\$1099 PER PERSON DOUBLES****

PACKAGE INCLUDES:

- Round-trip **AMTRAK UNION STATION** Chicago to Long Beach, CA (2 days)
- Overnight hotel in Long Beach, CA
- 4-Night/5-day cruise to Mexico on the **CARNIVAL FUNSHIP RADIANCE**
- Roundtrip motorcoach transportation as follows:
 - Columbus OH to Chicago AMTRAK Train Station (ride the rails to Las Angeles, CA)
 - AMTRAK Station in Las Angeles to Long Beach, CA hotel for overnight stay
 - Hotel to ship and ship to AMTRAK after cruise
- Detailed itinerary will be distributed to registrants

Motor coach departs from Columbus; however, we can arrange for you to meet the group in Chicago, Ill. Let us know if you will depart from another city or state and we will adjust your cost/itinerary to meet us in Chicago.

***COST PER PERSON (Includes above package plus cabin selected below):**

- \$1099 interior Cruise Stateroom
- \$1149 Oceanview Cruise Stateroom
- \$1229 Balcony Cruise Stateroom



PAYMENTS: \$99 per person DEPOSIT DUE IMMEDIATELY (\$50 nonrefundable) for reservation along with attached RESERVATION FORM. **First Come First Served—only 40 seats available!!**

\$200 due Feb 1, April 1, May 1. Balance due June 1, 2025. Contact Ms. Glo for special payments arrangements PRIOR to due date, if necessary. Otherwise, trip will cancel automatically without notice. No refunds after Feb. 1, 2025. CASH AP \$GloriaKenley—indicate you name and AMTRAK.

CONTACT: Ms. GLO 614-475-0618 or 614-638-4347. MUST LEAVE VOICE MSG FOR RETURN CALL.

***MUST HAVE PASSPORT OR BIRTH CERTIFICATE ALONG WITH
FEDERAL OR STATE ISSUED PICTURE I.D.***



RESERVATION FORM

RAIL & SAIL ADVENTURE
AMTRAK & CARNIVAL CRUISE LINE
SEPTEMBER 12-21, 2025



Reservations acceptable only with this form along with payment

\$ _____ CRUISE PAYMENT ENCLOSED. (MAKE CHECKS PAYABLE TO: THE KENLEY KONNECTION)

CHECK ONE (Please check one and list your roommate(s) below)

INTERIOR CABIN

OCEANVIEW CABIN

BALCONY

_____ \$ _____ Per Person DBL.

_____ \$ _____ Per Person DBL.

_____ \$ _____ Per Person DBL.

NAME (print) _____

ADDRESS _____

Street

City

State

ZIP

DATE OF BIRTH (month/day/year) _____

DAY PHONE _____ EVENING PHONE _____ CELL _____

E-MAIL _____

EMERGENCY CONTACT PERSON: _____ PHONE NO: _____

Room-mate _____ PHONE _____

(Room-mate must also submit a Reservation form:)

I understand that \$50 of the deposit is non-refundable and there are no refunds after Feb. 1, 2025. I have been offered the opportunity to purchase Cancellation Insurance and understand that this allows reimbursement by the insurance company if I need to cancel for unforeseen circumstances. I have indicated below whether I accept or decline this insurance. If not marked, THE KENLEY KONNECTION may assume that I decline the offer of insurance.

Must indicate accept or decline & sign:

_____ Accept

_____ Decline

Signature _____

Date _____



to:

Mail or deliver

THE KENLEY KONNECTION INC.
3361 Patriot Blvd.
Columbus OH 43219



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