

7-NIGHT SOUTHERN CARIBBEAN CRUISE

Saturday, January 27, 2018 – Saturday, February 3, 2018



STATEROOMS:

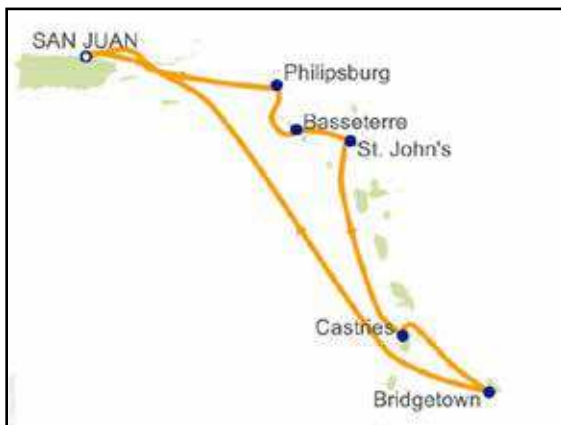
Inside:	\$1747.00
Promenade:	\$1767.00
Ocean View:	\$1787.00
Balcony:	\$1997.00

Rates starting at \$1747.00!

**Join Hospice & Community Care
on Royal Caribbean's Adventure of the Seas to explore the Southern Caribbean!**

ITINERARY:

SAT, 27 JAN 2018	San Juan, Puerto Rico	-	8:30 PM	Boarding
SUN, 28 JAN 2018	Philipsburg, St. Maarten	8:00 AM	5:00 PM	Docked
MON, 29 JAN 2018	Basseterre, St. Kitts	8:00 AM	5:00 PM	Docked
TUE, 30 JAN 2018	St. John's, Antigua	8:00 AM	5:00 PM	Docked
WED, 31 JAN 2018	Castries, St. Lucia	9:00 AM	6:00 PM	Docked
THU, 1 FEB 2018	Bridgetown, Barbados	8:00 AM	5:00 PM	Docked
FRI, 2 FEB 2018	Cruising	-	-	Cruising
SAT, 3 FEB 2018	San Juan, Puerto Rico	6:00 AM	-	Departure



INCLUSIONS:

- 7-Night Cruise Aboard Adventure of the Seas
- Port Charges and Departure Taxes
- Shipboard Gratuities
- \$100.00 Tax Deductible Donation to Hospice
- Meals and Entertainment Aboard the Ship
- Roundtrip Transfers Between Lancaster and Airport
- Roundtrip Airfare Between Airport and San Juan

Rates are per person, based on double occupancy. Cabin categories and prices are subject to availability and are on a first come, first serve basis. Other cabin categories may be available by request. Pricing and stateroom availability for 3rd and 4th guests are available upon request. A valid passport is required. A \$500 Deposit per cabin is due with registration by April 28, 2017. Final Balance is due by October 13, 2017.

**Contact Lori Heathcote with questions
717-855-2128, lori@trvltime.com**

REGISTRATION FORM
7-Night Southern Caribbean Cruise, January 27- February 3, 2018

To make your reservation, please complete the information below:

* Required

SECTION 1: TRAVELER INFORMATION

* Name as it appears on your Passport: _____
* Home Address: _____
* City: _____ * State: _____ * Zip Code: _____
* Email Address: _____
* Phone Number: _____ Cell Number: _____ * Emergency Contact Name: _____
* Emergency Contact Phone Number: _____
* Passport Number: _____
* Passport Expiration Date: ____ / ____ / ____
* Gender: _____ * Date of Birth: ____ / ____ / ____
* Name/Nickname for your Name Tag: _____
List any Dietary Restrictions: _____
Crown/Anchor Number: _____

SECTION 2: GUEST INFORMATION (If NO GUEST, skip to Section 3)

* Name as it appears on your Passport: _____
* Home Address: (If different from above) _____
* City: _____ * State: _____ * Zip Code: _____
* Email Address: _____ * Phone Number: _____
* Emergency Contact Name: _____
* Emergency Contact Phone Number: _____
* Passport Number: _____
* Passport Expiration Date: ____ / ____ / ____
* Gender: _____ * Date of Birth: ____ / ____ / ____
* Name/Nickname for your Name Tag: _____
List any Dietary Restrictions: _____
Crown/Anchor Number: _____

SECTION 3: ACCOMMODATIONS, DINING & TRAVEL

Please select your Stateroom: ☐ Interior ☐ Ocean View ☐ Balcony ☐ Promenade
Please indicate your occupancy type. ☐ Double Occupancy ☐ Single Occupancy
Please check this box if you would like your room with 2 beds ☐
Please select your Dining Time: ☐ Early ☐ Late ☐ My Time

SECTION 4: INSURANCE

We strongly recommend purchasing travel insurance to cover your investment in case you need to cancel the trip for medical reasons or if the trip is cancelled due to supplier bankruptcies, etc. Insurance must be purchased no later than 14 days after the first deposit has been made. Insurance is non-refundable and non-transferable. You receive basic coverage in the event of unforeseen trip-related expenses such as: trip cancellation, interruption and delay; emergency medical treatment or evacuation; lost, stolen or damaged baggage or travel documents; and baggage delay.

*** I CHOOSE (Check One)**

* ☐ To purchase the recommended travel insurance. Call for prices * ☐ To decline travel insurance at this time

SECTION 5: PAYMENT

Trip cost is per person, based on double occupancy.
\$500 Deposit per cabin is due with registration by April 28, 2017.
Final Balance is due by October 13, 2017.
Payment Methods: Check or Credit Card. If you prefer to pay your trip by check, do not fill out your credit card information.
Credit Card Holder: _____
Credit Card Number: _____
Expiration Date: ____ / ____ Security Code: _____

- ☐ Please accept the enclosed check in the amount of \$_____ for my reservation.
- ☐ Please charge my credit card in the amount of \$_____ for my reservation.

SECTION 6: CANCELLATION SCHEDULE

From 10/13/17 – 12/1/17: \$350 penalty per person to cancel
From 12/2/17=12/29/17: 50% penalty per person to cancel
From 1 2/30/17 – 1/12/18: 75% penalty per person to cancel
After 1/12/18/: Full trip nonrefundable

Please mail, email or fax your completed Registration Form to
Travel Time, Attention Lori Heathcote.

Please contact Lori Heathcote with any questions or comments.

2474 North George Street • York, PA 17406

Phone: 717-855-2128 • Fax: 717-854-6555

Email: lori@trvltime.com • Website: www.trvltime.com