

Enchanted Ladies Cruises & Tours - TERMS AND CONDITIONS

DEPOSITS AND PAYMENTS: Your reservation deposit of \$250.00 (**\$100.00 NON-REFUNDABLE/ NON-TRANSFERABLE**) is payable upon submission of this Reservation Request Form.

Final Payment due on NOVEMBER 20, 2020

NOTE: Rates for Triple and Quad Occupancy upon request.

CRUISE FARE: Rates are per person and include 7 nights cruise fare, port charges, taxes, & Travel Protection. Gratuities at \$101.50 per person, Airfare & Transfers from Dubai Airport not included.

CANCELLATIONS: All cancellations requests must be submitted in writing and addressed to **Enchanted Ladies Cruises & Tours**. Please Note travel protection is in the form of a **Travel Voucher @ 75% of your cruise if you cancel for any reason, Cancellations for Covered Medical Reasons are at 100% cash back minus cost of insurance.**

IMMIGRATION: U.S. and Canadian citizens must carry proper proof of citizenship documents; a **PASSPORT IS REQUIRED**. Boarding will be denied for anyone without proper documentation.

NOT INCLUDED: Shore excursions, and any items of a personal nature such as telephone calls, and beverages not on the menu (alcohol, sodas, bottled water, etc.).

REGISTRATION FORM – PLEASE PRINT – “Jewel of the Seas” 7 Night Dubai Cruise March 8-15, 2021

Please make reservations for the following passengers shown below

___ My deposit check is enclosed \$250.00 per person (*\$100.00 Non-Refundable/ Non-Transferable - \$35.00 on all NSF Checks*)

___ Please charge \$250.00 per person (*\$100.00 Non-Refundable/ Non-Transferable*) ___ VISA ___ Master Card ___ Discover ___ Amer. Express

Number _____ ExpirationDate _____ 3 Digit Code _____

Name (as it appears on card) _____

NAME (Legal)

Gender (please circle)

Date of Birth

1st Passenger _____ M F _____/____/____

CROWN & ANCHOR NUMBER _____ Are you a Veteran _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

E-MAIL _____

MEDICAL CONDITION: _____

2nd Passenger: _____ M F _____/____/____

CROWN & ANCHOR NUMBER _____ Are you a Veteran _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

E-MAIL _____

MEDICAL CONDITION: _____

Cabin Choice please check one: Interior Cabin Ocean View Ocean View Balcony Cabin

Must Check One: ___ Yes add Gratuities at \$101.50 per person (**Non-Refundable**) ___ Do Not Add Gratuities

CHECK ONE: MY TRAVEL AGENT IS: ___ CAROL ___ YOLANDA ___ CHERIE

I have read, understood and hereby agree to the terms and conditions set forth above. I understand that reservations will be available on a first-come, first-serve basis. I accept the conditions as stated above and submit my reservation(s) as indicated. I understand that the final payment in full is due by **NOVEMBER 20, 2020**.

Signature _____ Date _____

ALL PAYMENTS THERE AFTER

Enchanted Ladies Cruises & Tours and mail with the registration form to:

Enchanted Ladies Cruises & Tours
643 Oxford Avenue
Matteson, IL 60443

For more information call

Carol Gage (708) 720-4750 or
E-mail icruise3@aol.com

Yolanda Williams (708) 508-5025
E-mail yocruise2@yahoo.com

Cherie Fitzpatrick (312) 909-7754
E-mail cftiz2trvl@gmail.com