

# Enchanted Ladies Cruises & Tours - TERMS AND CONDITIONS

All rates are quoted in **US dollars, per person**. ALL INCLUSIVE plan, current taxes and tips, transfers & Travel Protection included in the rate, **AIRFARE NOT INCLUDED** No more than 3 adults per room.

## FINAL PAYMENT DUE ON APRIL 10 2019

**DEPOSITS AND PAYMENTS:** Your reservation deposit of **\$65.00** per Person (**Non-Refundable/ Non-Transferable**) is payable upon submission of this Reservation Request Form.

**CANCELLATIONS:** All cancellations requests must be submitted in writing and addressed to Enchanted Ladies Cruises & Tours.

**IMMIGRATION: A VALID PASSPORT IS REQUIRED TO TRAVEL**

## REGISTRATION FORM - PLEASE PRINT *Be Live Punta Cana* - JUNE 13-17, 2019

Please make reservations for the following person(s) shown below

Our deposit check is enclosed \$65.00 per Person double per person (nonrefundable - \$40.00 on all NSF Checks)

Please charge the deposit \$65.00 per Person double to:  MasterCard  VISA  Discover  Amer. Express

Number \_\_\_\_\_ ExpirationDate \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

| <u>NAME (Legal)</u> | <u>Gender (please circle)</u> | <u>Date of Birth</u> |
|---------------------|-------------------------------|----------------------|
| 1. _____            | M F                           | ____/____/____       |

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

ROOMMATE: \_\_\_\_\_ M F \_\_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

ROOMMATE: \_\_\_\_\_ M F \_\_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

**PLEASE CHECK ONE:**  PACKAGE WITHOUT AIR  PACKAGE WITH AIR

**CHECK ONE MY AGENT IS:**  CAROL  YOLANDA  RENEE Passport Required

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 **APRIL 10, 2019**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to **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 **US at 708 720-4750** E-mail [icruise3@aol.com](mailto:icruise3@aol.com)

