

Enchanted Ladies Cruises & Tours

TERMS AND CONDITIONS

DEPOSITS AND PAYMENTS: Your reservation deposit of \$50.00 per Person Or \$300 per Person Triple/Quad **(\$50.00 NONREFUNDABLE)** is payable upon submission of this Reservation Request Form.

Final Payment due on February 1, 2013

NOTE: Request for Triple & Quad is on 1st come basis, as space is limited \$300.00 per person Deposit due at time of booking. **Request for Ocean view Stateroom at \$1160 Double/ \$607 Triple and \$780 Quad only available by request with full deposit of \$300.00 per person at time of booking.**

CRUISE FARE: Rates are per person based on Double/Triple/Quad occupancy and include 8 nights cruise fare, port charges, taxes. **Airfare & Transfers from Orlando Airport not included.** Travel Vacation Protection Plan recommended.

CANCELLATIONS: All cancellations requests must be submitted in writing and addressed to **Enchanted Ladies Cruises & Tours.** **The Terms without insurance 75 days prior to full Deposit \$300.00, 29 to 8 days 50% of cruise fare & 7 days or less NO REFUND.**

IMMIGRATION: U.S. and Canadian citizens must carry documentary proof of citizenship; a **passport not required BUT highly recommended.** Boarding will be denied to those without proper documentation.

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

REGISTRATION FORM – PLEASE PRINT

Carnival "BREEZE" 8 Night Southern Caribbean Cruise April 27, 2013

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

___ My deposit check is enclosed \$50.00 per Person or \$300.00 per person Triple/Quad or Oceanview cabins **(\$50.00 per Person nonrefundable - \$35.00 on all NSF Checks)**

___ Please charge the deposit \$50.00 per Person or \$300.00 per person Triple/Quad or Oceanview cabins **(\$50.00 Non-refundable)**

To: ___ MasterCard ___ VISA ___ Discover ___ Amer. Express

Number _____ ExpirationDate _____ 3 Digit Code _____

Name (as it appears on card) _____

NAME (Legal)

Gender (please circle)

Date of Birth

1. _____ M F _____ / _____ / _____

Roommate: . _____ M F _____ / _____ / _____

Roommate: . _____ M F _____ / _____ / _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

E-MAIL _____

EMERGENCY CONTACT: _____

MEDICAL CONDITIONS: _____

Cabin Choice please check one: ___ Interior ___ Oceanview ___ Balcony

Must Check One: ___ Yes add insurance of \$109 (Interior) \$129 (Balcony) per person. ___ I am declining insurance.

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 February 1, 2013.

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