

Enchanted Ladies Cruises & Tours

TERMS AND CONDITIONS

DEPOSITS AND PAYMENTS: Your reservation deposit of \$50.00 per Person double Triple (**\$25.00 is NONREFUNDABLE**) per person is payable upon submission of this Reservation Request Form.

Final Payment due on March 1, 2012

NOTE: RATES THE SAME FOR DOUBLE OR TRIPLE OCCUPANCY – NO QUAD OCCUPANCY AT RESORT.

FARE: Rates are per person based on double/triple occupancy and include Roundtrip Airfare on USA3000 from Chicago O'Hare, 3 nights Hotel, all taxes, and transfers. **Not Included Travel Vacation Protection Plan highly recommended.**

CANCELLATIONS: All cancellations requests must be submitted in writing and addressed to **Enchanted Ladies Cruises & Tours**. Cancellation Penalties with insurance: 45 days or more \$75, 44-31 days prior \$150, 30-0 days prior 100% NO REFUND.

IMMIGRATION: U.S. and Canadian citizens must carry documentary proof of citizenship; a **PASSPORT IS REQUIRED**. Travel will be denied to those without proper documentation.

NOT INCLUDED: Sightseeing excursions, and any items of a personal nature such as telephone calls, etc.

REGISTRATION FORM – PLEASE PRINT

Mom's Cancun Get-A-Way – May 11-14, 2012

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

___ Our deposit check is enclosed \$50.00 per Person double per person (nonrefundable - \$25.00 on all NSF Checks)

___ Please charge the deposit \$50.00 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. _____	<u>M F</u>	____/____/____
Roommate: . _____	<u>M F</u>	____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT

NAME & PHONE NO. _____

YOU MUST CHECK ONE: ___ Add Travel Insurance at \$79 per person ___ I am refusing insurance at this time

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 MARCH 1, 2012.

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 (708) 720-4750** or **E-mail lcruise3@aol.com**