

# Enchanted Ladies Cruises & Tours

## TERMS AND CONDITIONS

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

### Final Payment due on July 20, 2010

**NOTE:** Request for Triple & Quad is on 1<sup>st</sup> come basis, as space is limited \$250.00 per person Deposit due at time of booking. **Request for Oceanview Stateroom at \$838 Double/ \$696 Triple and \$624 only available by request with full deposit of \$250.00 per person at time of booking.**

**CRUISE FARE:** Rates are per person based on double/Triple/Quad occupancy and include 7 nights cruise fare, port charges, taxes. Transfers from Orlando Airport. **Airfare is not included.** Travel Vacation Protection Plan recommended.

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

**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.).

### 2009 REGISTRATION FORM – PLEASE PRINT

#### Carnival "DREAM" 7 Night Eastern Caribbean Cruise October 23-30, 2010

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

\_\_\_ My deposit check is enclosed \$50.00 per Person or \$250.00 per person Triple/Quad or Oceanview cabins (\$50.00 per Person nonrefundable - \$35.00 on all NSF Checks)

\_\_\_ Please charge the deposit \$100.00 per Person or \$250.00 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) \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

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

Cabin Choice please check one: \_\_\_ Interior \_\_\_ Oceanview \_\_\_ Balcony

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 May 17, 2010.

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(708) 708-4750** or E-mail **icruise3@aol.com**