

Enchanted Ladies Cruises & Tour - TERMS AND CONDITIONS

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

Final Payment due on August 1, 2010

NOTE: Request for Triple & Quad is on 1st come basis, as space is limited.

CRUISE FARE: Rates are per person based on double occupancy and include 3 nights cruise fare, port charges, taxes.

Airfare and Transfers not included. – Payment plan and Travel Vacation Protection Plan is optional and highly recommended.

CANCELLATIONS: All cancellations requests must be submitted in writing and addressed to Enchanted Ladies Cruises & Tours. **Without Cancellation Insurance 60 to 30 days \$100, 29 to 8 days 50% and 7 days or less NO REFUND.**

IMMIGRATION: U.S. and Canadian citizens must carry documentary proof of citizenship; a **PASSPORT RECOMMEND BUT NOT REQUIRED**, you may also use Original Birth certificate with seal and Picture ID. Boarding will be denied to those without proper documentation.

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

2009 REGISTRATION FORM – PLEASE PRINT

Carnival Cruise Lines “Imagination” Cruise October 8-11, 2010

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

♥Our deposit check is enclosed \$50.00 per Person (**\$25.00 is nonrefundable**) (\$25.00 on all NSF Checks)

♥Please charge the deposit \$50.00 per Person (**\$25.00 is nonrefundable**): to:

Please Check: 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 _____ / ____ / ____

Roommate: . _____ M F _____ / ____ / ____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

E-MAIL _____

EMERGENCY CONTACT: _____

MEDICAL CONDITIONS: _____

CHECK ONE: Interior Cabin Oceanview Cabin

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 is in full is due by August 1, 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 (708) 720-4750 or E-mail lcrui

