

# Enchanted Ladies Cruises & Tours - TERMS AND CONDITIONS

**DEPOSITS AND PAYMENTS:** Your reservation deposit of \$125.00 per Person (**\$50.00 is nonrefundable**) is payable upon submission of this Reservation Request Form. (Your deposit of \$350.00 has been divided into 3 payments of \$125.00) **Final Payment due on MARCH 20, 2011**

**NOTE:** Request for Triple & Quad is on 1<sup>st</sup> come basis, as space is limited.

**CRUISE FARE:** Rates are per person based on double occupancy and include 7 nights cruise fare, port charges, taxes. **Airfare, Roundtrip Transfers & Insurance are not included. Travel Vacation Protection Plan \$159.00 highly recommended.**

**CANCELLATIONS:** All cancellations requests must be submitted in writing and addressed to Enchanted Ladies Cruises & Tours. Terms without insurance Deposit \$350.00, 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 is required**. 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 Cruise Lines “MAGIC” Mediterranean Cruise July 10-17, 2011

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

♥Our deposit check is enclosed \$125.00 per Person (\$50.00 per Person nonrefundable - \$35.00 on all NSF Checks)

♥Please charge the deposit \$125.00 per Person:  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>	_____/_____/_____
Roommate: . _____	<u>M F</u>	_____/_____/_____
Roommate: . _____	<u>M F</u>	_____/_____/_____

ADDRESS \_\_\_\_\_

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

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

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

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

Cabin Choice please check one:  Interior  Ocean view  Balcony

**Must Check One:** Yes add insurance of \$159 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 March 20, 2011.

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