

Enchanted Ladies Cruises & Tours

TERMS AND CONDITIONS

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

Final Payment due on July 20, 2009

NOTE: Request for Triple & Quad is on 1st come basis, as space is limited. Deposit is \$75.00 per person .

CRUISE FARE: Rates are per person based on double occupancy and include 4 nights cruise fare, port charges, taxes. Transfers are available at \$30.00/\$56.00 per person. **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 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.).

2008 REGISTRATION FORM – PLEASE PRINT

Royal Caribbean “Majesty Of The Seas” 4 Night Bahamas Cruise March 29, 2010

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

___ My deposit check is enclosed \$50.00 per Person double/ **\$75.00 Triple/Quad** (\$25.00 per Person nonrefundable - \$25.00 on all NSF Checks)

___ Please charge the deposit \$50.00 per Person double/ **\$75.00 Triple/Quad** (\$25.00 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

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 January 5, 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 lcruise3@aol.com