

Enchanted Ladies Cruises & Tours

TERMS AND CONDITIONS

DEPOSITS AND PAYMENTS: Your reservation deposit of \$250.00 per Person (**\$25.00 is nonrefundable**) is payable upon submission of this Reservation Request Form.

Final Payment due on JUNE 15, 2011

CRUISE FARE: Rates are per person based on double occupancy and include 7 nights cruise fare, port charges, taxes. **Transfers, Airfare & Travel Protection not included in this package.** Travel Vacation Protection Plan recommended.

CANCELLATIONS: All cancellations requests must be submitted in writing and addressed to Enchanted Ladies Cruises & Tours. Policy without insurance:

74 to 57	250.00 per Passenger	250.00 per Passenger	15-JUN-2011 to 2-JUL-2011
56 to 29	50% per Passenger	50% per Passenger	3-JUL-2011 to 30 -JUL-2011
28 to 15	75% per Passenger	75% per Passenger	31-JUL-2011 to 13-AUG-2011
14 to 0	100% per Passenger	100% per Passenger	14-AUG-2011 to 28-AUG-2011

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.).

2011 REGISTRATION FORM – PLEASE PRINT

“Oasis Of The Seas” 7 Night Western Caribbean Cruise – Sept. 3-10, 2011

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

___ My deposit check is enclosed \$250.00 per Person (\$25.00 per Person nonrefundable - \$35.00 on all NSF Checks)

___ Please charge the deposit \$250.00 per Person (\$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 _____ / _____ / _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

E-MAIL _____

EMERGENCY CONTACT: _____

MEDICAL CONDITIONS: _____

Cabin Choice please check one: ___ Jr. Suite ___ Balcony ___ Central Park View

YOU MUST CHECK ONE: Please add Insurance: ___ I am declining insurance at this time: ___

Crown & Anchor Member #: _____

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 June 15, 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