



9-NIGHT CUBA CRUISE

Monday, June 29 – Wednesday, July 8, 2020

Starting at \$1,757.00

ITINERARY:

Monday, June 29:	Depart from New York	4:00PM
Tuesday, June 30:	Fun Day at Sea	
Wednesday, July 1:	Fun Day at Sea	
Thursday, July 2:	Havana, Cuba	Arrive 11:00AM
Friday, July 3:	Havana, Cuba	Depart 2:00PM
Saturday, July 4:	Half Moon Cay, The Bahamas	9:00AM – 5:00PM
Sunday, July 5:	Nassau, The Bahamas	8:00AM – 5:00 PM
Monday, July 6:	Fun Day at Sea	
Tuesday, July 7:	Fun Day at Sea	
Wednesday, July 8:	Arrive in New York	8:00AM

STATEROOMS:
(Per Person)

Inside
\$1,757.00

Ocean View
\$1,912.00

Balcony
\$2,212.00



INCLUSIONS:

- Transfer to New York pier with a minimum of 16 passengers
- 9-Night cruise aboard Carnival Radiance
- Port charges and departure taxes
- Meals & entertainment on board the ship

Rates are per person, based on double occupancy. Cabin categories and prices are subject to availability and are on a first come, first serve basis. **Other cabin categories may be available by request.** Pricing and stateroom availability for 3rd and 4th guests are available upon request. A non-refundable deposit of \$400.00 per person is due with registration. **Final balance is due by March 16, 2020.**

A valid passport is required and must have at least 6-months validity from your return date.



Contact Lori Heathcote with questions:
717-855-2128
lori@trvltime.com



REGISTRATION FORM

9-Night Cuba Cruise
June 29 – July 8, 2020

To make your reservation, please complete the information below:

* Required

SECTION 1: TRAVELER INFORMATION

* Name as it appears on your Passport: _____

* Home Address: _____

* City: _____ * State: _____ * Zip Code: _____

* Email Address: _____

* Phone #: _____ Cell #: _____

* Emergency Contact Name (Not traveling with you): _____

* Emergency Contact Phone Number: _____

* Date of Birth: ___ / ___ / ___ * Gender: _____

* Passport Number: _____

* Passport Expiration Date: ___ / ___ / ___

* Name/Nickname for your Name Tag: _____

List any Dietary Restrictions: _____

Carnival VIFP Club: _____

SECTION 2: GUEST INFORMATION (If NO GUEST, skip to Section 3)

* Name as it appears on your Passport: _____

* Home Address: _____

* City: _____ * State: _____ * Zip Code: _____

* Email Address: _____

* Phone #: _____ Cell #: _____

* Emergency Contact Name (Not traveling with you): _____

* Emergency Contact Phone Number: _____

* Date of Birth: ___ / ___ / ___ * Gender: _____

* Passport Number: _____

* Passport Expiration Date: ___ / ___ / ___

* Name/Nickname for your Name Tag: _____

List any Dietary Restrictions: _____

Carnival VIFP Club: _____

SECTION 3: ACCOMMODATIONS, DINING & TRAVEL

* Please select your Stateroom: Inside Ocean View Balcony

* Please indicate your occupancy type. Double Occupancy Single Occupancy Triple Occupancy Quad

Please check this box if you would like your room with 2 beds.

SECTION 4: INSURANCE

We strongly recommend purchasing Travel Insurance to cover your investment in case you need to cancel the trip for medical reasons or if the trip is cancelled due to supplier bankruptcies, etc. Insurance must be purchased no later than 14 days after the first deposit has been made. Plan costs are based on total trip cost and age PER PERSON. Insurance is non-refundable and non-transferable. You receive basic coverage in the event of unforeseen trip-related expenses such as: Trip cancellation, interruption and delay; emergency medical treatment or evacuation; Lost, stolen or damaged baggage or travel documents; and baggage delay.

* I choose: (Check One)

To purchase the recommended travel insurance

To decline travel insurance at this time

SECTION 5: PAYMENT

Trip cost is per person, based on double occupancy.

\$400.00 non-refundable deposit per person is due with registration.

Final balance is due by March 16, 2020

Payment Methods: Check or Credit Card. If you prefer to pay your trip by check, do not fill out your credit card information.

Credit Card Holder: _____

Credit Card Number: _____

Expiration Date: ___ / ___ Security Code: _____

Please accept the enclosed check in the amount of \$_____ for my reservation.

Please charge my credit card in the amount of \$_____ for my reservation.

Sign: _____ Date: _____

SECTION 6: CANCELLATION SCHEDULE

Initial Deposit of \$400.00 per person is NONREFUNDABLE 3/17/2020 and after: NO REFUND

Please make checks payable to – Travel Leaders

* Please mail, email or fax your completed Registration Form to:

Travel Leaders
Attn: Lori Heathcote
2474 North George Street
York PA 17406

Phone: 717-855-2128 • Fax: 717-854-6555

Email: lori@trvltime.com • Website: www.trvltime.com