



# Spiritrust Lutheran®

## 7-NIGHT BERMUDA CRUISE

Sunday, May 12 – Sunday, May 19, 2019



**Starting at \$1404.00**

### ITINERARY:

Sunday, May 12:	4:00PM Depart from Cape Liberty, New Jersey
Monday, May 13:	Enjoy a fun day at sea
Tuesday, May 14:	Enjoy a fun day at sea
Wednesday, May 15:	8:30 AM Arrive at Kings Wharf, Bermuda
Thursday, May 16:	Kings Wharf, Bermuda
Friday, May 17:	3:30 PM Depart Kings Wharf, Bermuda
Saturday, May 18:	Enjoy a fun day at sea
Sunday, May 19:	8:00 AM Arrive Cape Liberty, New Jersey

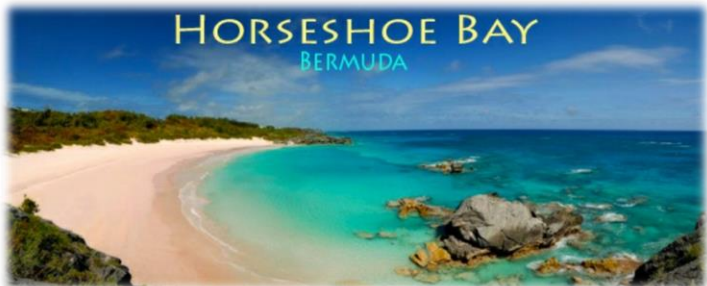
<b>STATEROOMS:</b>	
Inside Cat. 12	\$1404.00
Outside Cat. 7	\$1674.00
Balcony Cat. 2B	\$1999.00



Celebrity **X** Cruises

### INCLUSIONS:

- 7- night cruise on Celebrity's *Summit*
- Transportation to and from Pier
- Port charges and departure taxes
- Baggage Handling
- Ship & Driver Gratuities
- Onboard Meals & Entertainment
- Cocktail Party
- One Group Photo per Cabin
- Fully escorted by Travel Time based on 16 passengers
- Donation to Spiritrust Lutheran



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. Space will expire on or before November 13, 2018. Other cabin categories may be available by request. Cost for single occupancy is 200% of the price. Pricing and stateroom availability for 3<sup>rd</sup> and 4<sup>th</sup> guests are available upon request. A \$250.00 deposit per person based on double occupancy is due with registration. Final balance is due by January 28, 2019. A valid passport with at least 6 months validity past the date of travel is required.

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



# REGISTRATION FORM

7-Night Bermuda Cruise

May 12 - 19, 2019

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: \_\_\_\_\_

\* Home Phone Number: \_\_\_\_\_

\* Cell Number: \_\_\_\_\_

\* Emergency Contact Name: \_\_\_\_\_

\* Emergency Contact Phone Number: \_\_\_\_\_

\* Passport Number: \_\_\_\_\_

\* Passport Expiration Date: \_\_\_ / \_\_\_ / \_\_\_

\* Gender: \_\_\_\_\_ \* Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

\* Name/Nickname for your Name Tag: \_\_\_\_\_

List any Dietary

Restrictions: \_\_\_\_\_

Captains Club Number: \_\_\_\_\_

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

\* Name as it appears on your Passport: \_\_\_\_\_

\* Home Address: (If different from above) \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Home Phone Number: \_\_\_\_\_

\* Cell Number: \_\_\_\_\_

\* Emergency Contact Name: \_\_\_\_\_

\* Emergency Contact Phone Number: \_\_\_\_\_

\* Passport Number: \_\_\_\_\_

\* Passport Expiration Date: \_\_\_ / \_\_\_ / \_\_\_

\* Gender: \_\_\_\_\_ \* Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

\* Name/Nickname for your Name Tag: \_\_\_\_\_

List any Dietary

Restrictions: \_\_\_\_\_

Captains Club Number: \_\_\_\_\_

## SECTION 3: ACCOMMODATIONS & DINING

\* Please select your Stateroom:  Inside  Outside  Balcony

\* Please indicate your occupancy type.  Double Occupancy  Single Occupancy

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

\* Please select your Dining Time:  Early  Late  Select

## 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. Rates are based on double occupancy.

\$250.00 Deposit per person is due with Registration.

Final balance is due by **January 28, 2019**.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## CANCELLATION POLICY PER PERSON

**A \$50 per person administrative fee will be charged in addition to any penalty listed below.**

After January 28, 2019: NO REFUND

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

Travel Time  
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](http://www.trvltime.com)