

JOIN SPRING GROVE AREA SCHOLARSHIP FUND, INC

6-NIGHT CANADA & NEW ENGLAND CRUISE

Saturday, June 22 – Friday, June 28, 2019

Starting at \$1318.00



Adventure of the Seas

ITINERARY:

Saturday, June 22:	Depart from Cape Liberty, New Jersey	3:00PM
Sunday, June 23:	Enjoy a fun day at Sea	
Monday, June 24:	Bar Harbor, Maine	7:00AM-6:00PM
Tuesday, June 25:	Saint John, NB (Bay of Fundy)	7:00AM-3:00PM
Wednesday, June 26:	Halifax, Nova Scotia	9:00AM-6:00PM
Thursday, June 27:	Enjoy a fun day at Sea	
Friday, June 28:	Arrive in Cape Liberty, New Jersey	6:00AM

STATEROOMS:
(per person based on double occupancy)

Inside - 4V
\$1318.00

Ocean View - 8N
\$1408.00

Balcony - 6D
\$1818.00



INCLUSIONS:

Roundtrip motor coach York/Ship
Tips to drivers and baggage handling
6-Night cruise aboard *Adventure of the Seas*
Port charges and departure taxes
Shipboard gratuities
Meals and entertainment aboard the ship
Cocktail Party
Group Photo



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 valid passport is required. A \$250 Deposit per person is due by December 17, 2018.

Final Balance is due by March 8, 2019.



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



REGISTRATION FORM

6-Night Canada & New England Cruise

June 22 - 28, 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: _____
* Phone #: _____ Cell #: _____
* Emergency Contact Name (Not traveling with you): _____
* Emergency Contact Phone Number: _____

* Passport Number: _____
* Passport Expiration Date: ___ / ___ / ___
* Gender: _____ * Date of Birth: ___ / ___ / ___
* Name/Nickname for your Name Tag: _____
List any Dietary Restrictions: _____
Crown/Anchor Number: _____

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: _____

* Passport Number: _____
* Passport Expiration Date: ___ / ___ / ___
* Gender: _____ * Date of Birth: ___ / ___ / ___
* Name/Nickname for your Name Tag: _____
List any Dietary Restrictions: _____
Crown/Anchor Number: _____

SECTION 3: ACCOMMODATIONS, DINING & TRAVEL

* Please select your Stateroom: Inside Ocean View Balcony
* Please indicate your occupancy type. Double Occupancy Single Occupancy
 Please check this box if you would you like your room with 2 beds.
* Please select your Dining Time: Early (5:30PM) Late (8:15PM) My Time (6:00PM - 9:30PM)

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. Call for prices
 To decline travel insurance at this time

SECTION 5: PAYMENT

Trip cost is per person, based on double occupancy.
\$250 Non-Refundable Deposit per person is due at time of registration.
Final Balance is due by March 8, 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 accept the enclosed check in the amount of \$_____ for my reservation.
 Please charge my credit card in the amount of \$_____ for my reservation.

Signature: _____ Date: _____

SECTION 6: CANCELLATION SCHEDULE (Per Person)

Deposit - Non-Refundable
03/08/19 and after: Full trip nonrefundable

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

Please make checks payable to: Travel Time

* Please mail, email or fax your completed Registration Form to:
Travel Time
Attention Lori Heathcote
2474 N. George St
York PA 17406

Phone: 717-855-2128 • Fax: 717-854-6555
Email: lori@trvltime.com • Website: www.trvltime.com
Facebook: Travel Time Travel Agency