

# 9-NIGHT BERMUDA & BAHAMAS CRUISE

Thursday, June 25, 2020 – Saturday, July 4, 2020

Starting at **\$1039.00**

## Royal Caribbean's *Grandeur of the Seas* Sailing from Baltimore

**Deposit by May 31, 2019 to receive \$50.00 per cabin onboard credit!**

### ITINERARY:

Thursday, June 25: 4:00pm Departure from Baltimore  
 Friday, June 26: At Sea  
 Saturday, June 27: 1:00pm Arrive King's Wharf, Bermuda  
 Sunday, June 28: 1:00pm Depart King's Wharf, Bermuda  
 Monday, June 29: At Sea  
 Tuesday, June 30: 11:00am – 11:59pm Nassau, Bahamas  
 Wednesday, July 1: 8:00am – 6:00pm Coco Cay, Bahamas  
 Thursday, July 2: At Sea  
 Friday, July 3: At Sea  
 Saturday, July 4: 7:00am Arrival into Baltimore



### CABIN PRICING PER PERSON\*:

Inside Cat 2V  
\$1039.00

Ocean View Cat 6N  
Forward/Aft  
\$1,199.00

Ocean View Cat 2N  
Midship  
\$1,369.00

Balcony Cat 4B  
\$2,149.00

Junior Suite Cat J4  
\$2,429.00

### INCLUSIONS:

9-Night Cruise on *Grandeur of the Seas*  
 Meals & Entertainment aboard the ship  
 Port Charges and Departure Taxes

### NOT INCLUDED:

Onboard Staff Gratuities  
 Transportation to/from Baltimore Cruise Port

A valid passport with at least 6 months' validity from scheduled return date is suggested for each traveler

\* Group rate valid through November 29, 2019 based on availability. 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 3<sup>rd</sup> and 4<sup>th</sup> guests are available upon request. Prices are subject to change due to fuel charges and other vendor charges.

For more information or to make your reservation, contact:  
 Mindy Eveler at [mindy@trvltime.com](mailto:mindy@trvltime.com) or 717-855-2135 or  
 Kim Lambert at [kimtravl@aol.com](mailto:kimtravl@aol.com) or 717-332-4825



# REGISTRATION FORM

## 9-Night Bermuda & Bahamas Cruise

June 25 – July 4, 2020

To make your reservation, please complete the information below:

\* Required

### SECTION 1: TRAVELER INFORMATION

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_ \* Name on your Passport: \_\_\_\_\_  
 \* Nickname: \_\_\_\_\_ \* Passport Number: \_\_\_\_\_  
 \* Home Address: \_\_\_\_\_ \* Passport Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 \* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_ \* Emergency Contact Name: \_\_\_\_\_  
 \* Email Address: \_\_\_\_\_ \* Emergency Contact Phone Number: \_\_\_\_\_  
 \* Phone Number: \_\_\_\_\_ Home / Cell List Medical/Dietary Concerns: \_\_\_\_\_  
 \* Gender: \_\_\_\_\_ \* Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Crown & Anchor Club # \_\_\_\_\_

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

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_ \* Name on your Passport: \_\_\_\_\_  
 \* Nickname: \_\_\_\_\_ \* Passport Number: \_\_\_\_\_  
 \* Home Address: (If different from above) \_\_\_\_\_ \* Passport Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 \* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_ \* Emergency Contact Name: \_\_\_\_\_  
 \* Email Address: \_\_\_\_\_ \* Emergency Contact Phone Number: \_\_\_\_\_  
 \* Phone Number: \_\_\_\_\_ Home / Cell List any Dietary Restrictions: \_\_\_\_\_  
 \* Gender: \_\_\_\_\_ \* Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Crown & Anchor Club # \_\_\_\_\_

### SECTION 3: ACCOMMODATIONS & DINING

\* What cabin category would you like?  Inside  Ocean View (Fwd/Aft)  Ocean View (Midship)  Balcony  Jr Suite  
 \* Please indicate your occupancy:  Double Occupancy (Bedding: King or 2 Twins)  Single Occupancy  
 \* Please select your Dining Time:  6:00pm  8:00pm  My Time (anytime between 5:45pm and 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  To decline travel insurance at this time

### SECTION 5: PAYMENT

Trip cost is per person, based on double occupancy.  
 \$250.00 Deposit per person is due with registration.  
 Final Balance is due by March 6, 2020.

Payment Methods: Check or Credit Card. If you prefer to pay by check, please make it payable to 'Travel Time'.

Enclosed is my check in the amount of \$ \_\_\_\_\_  
 Please charge my credit card \$ \_\_\_\_\_

Credit Card Holder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

\* Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 6: CANCELLATION SCHEDULE

If a reservation is cancelled, the following penalties will be incurred **PER PERSON**. A \$50 per person administrative fee will be charged in addition to any supplier penalty listed below.

March 27, 2020: No penalty  
 March 28 – April 11, 2020: 25% of total cost  
 April 12 – 25, 2020: 50% of total cost  
 April 26 – May 25, 2020: 75% of total cost  
 May 26, 2020 – day of departure - Nonrefundable

\* Please mail your completed form to:

Travel Time Travel Agency

Attn: Mindy Eveler

2474 North George Street

York, PA 17406

Or

Email form to: [mindy@trvtime.com](mailto:mindy@trvtime.com)