

7-NIGHT BERMUDA CRUISE

Sunday, June 14 – Sunday, June 21, 2020

Starting at \$1,487.53



Norwegian Encore

ITINERARY:

Sunday, June 14:	New York, New York	Depart 4:00PM
Monday, June 15:	Cruising	
Tuesday, June 16:	Cruising	
Wednesday, June 17:	Royal Naval Dockyard, Bermuda	Arrive 8:00AM
Thursday, June 18:	Royal Naval Dockyard, Bermuda	
Friday, June 19:	Royal Naval Dockyard, Bermuda	Depart 3:00PM
Saturday, June 20:	Cruising	
Sunday, June 21:	New York, New York	Arrive 7:00AM

STATEROOMS:

Prices per Person
Based on 2 Guest
per stateroom

Inside
\$1,487.53

Balcony
\$1,937.53



INCLUSIONS:

- 7-Night cruise aboard *Norwegian Encore*
- Port charges and taxes
- Meals and entertainment aboard 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. Lower prices may be available. A valid passport is required.

A \$250 Deposit per person is due at time of Registration. Final Balance is due by January 31, 2020



Contact Lori Heathcote with questions:

717-855-2128

lhealthcote@travellers.com

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 #: _____

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

* Passport Number: _____

* Passport Expiration Date: ____ / ____ / ____

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

* Emergency Contact Relationship: _____

* Emergency Contact Phone Number: _____

* Name/Nickname for your Name Tag: _____

List any Dietary Restrictions/Food Allergies: _____

NCL Latitudes 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 #: _____

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

* Passport Number: _____

* Passport Expiration Date: ____ / ____ / ____

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

* Emergency Contact Relationship: _____

* Emergency Contact Phone Number: _____

* Name/Nickname for your Name Tag: _____

List any Dietary Restrictions/Food Allergies: _____

NCL Latitudes Number: _____

SECTION 3: ACCOMMODATIONS

* Please select your Stateroom: Inside Balcony

* Please indicate your occupancy type: Double Single Triple Quad

Please check this box if you would like your stateroom 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 INFORMATION

Payment Methods: Check or Credit Card. Please make checks payable to: **Travel Leaders**
If you pay your trip by check, do not fill out credit card information.

Name on Credit Card: _____ Credit Card Number: _____

Expiration Date: ____ / ____ Security Code: _____ Amount to charge on card: \$ _____

Signature: _____ Date: _____

SECTION 6: CANCELLATION SCHEDULE *A \$50 per person administrative fee will be charged in addition to any penalty listed below.*

\$250 Per Person Deposit – Non-Refundable
02/01/2020 and after: Full trip nonrefundable

Please mail, email or fax your complete registration form to:

Travel Leaders
Attention Lori Heathcote
2474 N. George Street
York, PA 17406

Contact Lori Heathcote with questions: 717-855-2128 • lhealthcote@travellers.com