

Starting at **\$1039.00**

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

Deposit by August 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 3rd and 4th 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 meveler@travelladers.com or 717-855-2135

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: <small>(If different from above)</small> _____		* 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 Leaders'.

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: meverel@travelladers.com