

# 14-NIGHT SOUTHERN CARIBBEAN CRUISE

Sunday, February 26, 2023 – Sunday, March 12, 2023



## ITINERARY:

- Sun, Feb 26: Depart Tampa – 4:00 pm
- Mon, Feb 27: Fun Day at Sea
- Tues, Feb 28: George Town, Cayman Islands – 8:00 am – 5:00 pm
- Wed, Mar 1: Fun Day at Sea
- Thurs, Mar 2: Oranjestad, Aruba – 10:00 am – 9:00 pm
- Fri, Mar 3: Willemstad, Curacao – 8:00 am – 5:00 pm
- Sat, Mar 4: Kralendijk, Bonaire – 6:00 am – 12:30 pm
- Sun, Mar 5: Castries, St Lucia – 12:30 pm – 8:00 pm
- Mon, Mar 6: Basseterre, St Kitts – 10:00 am – 6:00 pm
- Tues, Mar 7: St Johns, Antigua – 8:00 am – 5:00 pm
- Wed, Mar 8: St Thomas, USVI – 7:00 am – 4:00 pm
- Thurs, Mar 9: Puerto Plata, Dominican Republic 12:00 pm – 8:00 pm
- Fri, Mar 10: Fun Day at Sea
- Sat, Mar 11: Fun Day at Sea
- Sun, Mar 12: Arrive Tampa – 7:00 am



## INCLUSIONS:

- 14-Night cruise aboard *Norwegian Dawn*
- Premium Beverage Package (1<sup>st</sup> & 2<sup>nd</sup> guests in cabin)
- 4-Meal Dining Package (1<sup>st</sup> & 2<sup>nd</sup> guests in cabin)
- Port charges and taxes
- Meals and entertainment aboard the ship

\*\*Roundtrip group airfare between BWI & Tampa to be added Summer 2022 – minimum 20 passengers. Roundtrip transfers between York & BWI can be added for an additional cost and with a minimum of 20 passengers

## PRICING\*

Inside	\$2,179.00
Ocean View	\$2,719.00
Balcony	\$3,539.00

\*rates are per person  
based on 2 guests per cabin

*\*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. A valid passport with at least 6 months validity beyond return date is required per person. A \$250 Deposit per person is due at time of booking. Final Balance is due by September 30, 2022.*

**Vaccination Requirements and Other Rules:** We have no responsibility for COVID-19-related requirements that travel suppliers and governments may impose from time to time, such as required vaccinations, health affidavit forms, COVID-19 screenings prior to departure or upon arrival, face coverings, or quarantines. For the latest COVID-19 government travel regulations, we recommend going to IATA's website at <https://www.iata.com/travelcentre.com/international-travel-document-news/1580226297.htm>. For the latest travel supplier requirements check the website of each supplier, and keep checking because these rules are constantly changing, and we are not responsible for those changes.

Contact Mindy Eveler @ [meveler@travellers.com](mailto:meveler@travellers.com) or 717-855-2135



**REGISTRATION FORM**  
 14-Night Southern Caribbean Cruise  
 Feb 26 – Mar 12, 2023

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECTION 3: ACCOMMODATIONS & DINING**

\* Please circle your desired stateroom: Inside Ocean View Balcony

\* Please circle your occupancy: Double Single Triple Quad

\_\_\_\_\_ Please check here if you would like your stateroom with 2 twin beds instead of 1 king bed

**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 15 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** *Final balance is due by September 30, 2022*

Payment Methods: Check or Credit Card. Please make checks payable to: **Travel Leaders Vacation Center**

If you pay your trip by check, do not fill out credit card information but please sign and date the registration form.

Name on Credit Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

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

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

**SECTION 6: CANCELLATION SCHEDULE (per person)**

- \$250 Per Person Deposit at time of booking
- Final balance is due by September 30, 2022
- Cancel Oct 29 – Nov 27, 2022 – 25% total cost + 100% airfare
- Cancel Nov 28 – Dec 27, 2022 – 50% total cost + 100% airfare
- Cancel Dec 28, 2022 – Jan 26, 2023 – 75% total cost + 100% airfare
- Cancel Jan 27 – Feb 26, 2023 – 100% total cost + 100% airfare

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

\* 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: \_\_\_\_\_

Latitudes Number: \_\_\_\_\_

\* 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: \_\_\_\_\_

Latitudes Number: \_\_\_\_\_

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

Attn: Mindy Eveler  
 Travel Leaders Vacation Center – York PA  
 2474 N. George Street  
 York, PA 17406

Contact Mindy Eveler at (717) 855-2135  
 or meveler@travellers.com

Find her on Facebook - @Vacays by Mindy