

8-NIGHT EXOTIC SOUTHERN CARIBBEAN CRUISE

Saturday, October 23 – Sunday, October 31, 2021



Carnival Freedom

ITINERARY:

Saturday, Oct 23:	Miami, FL	Depart 3:30PM
Sunday, Oct 24:	Fun Day at Sea	
Monday, Oct 25:	Fun Day at Sea	
Tuesday, Oct 26:	St Maarten, NA	9:00AM – 6:00PM
Wednesday, Oct 27:	St Kitts, WI	7:00AM – 5:00PM
Thursday, Oct 28:	San Juan, Puerto Rico	7:00AM – 2:00PM
Friday, Oct 29:	Grand Turk	9:00AM – 5:00PM
Saturday, Oct 30:	Fun Day at Sea	
Sunday, Oct 31:	Miami, FL	Arrive 8:00AM

STATEROOMS:

Prices per Person
Based on 2 guests
per stateroom

Inside
\$759.00

Ocean View
\$869.00

Balcony
\$1,179.00



INCLUSIONS:

- 8-Night cruise aboard *Carnival Freedom*
- Port charges and gov't taxes & fees
- 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 June 25, 2021



Contact Kim Lambert @ kimtravl@aol.com or 717-332-4825

Or Mindy Eveler @ meveler@travellers.com or 717-855-2135



REGISTRATION FORM

8-Night Exotic Southern Caribbean Cruise

October 23 – 31, 2021

To make your reservation, please complete the information below:

* Required

SECTION 1: TRAVELER INFORMATION

* Name as it appears on your Passport: _____

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

* Home Address: _____

* Emergency Contact Relationship: _____

* City: _____ * State: _____ * Zip Code: _____

* Emergency Contact Phone Number: _____

* Email Address: _____

* Name/Nickname for your Name Tag: _____

* Phone #: _____ Cell #: _____

List any Dietary Restrictions/Food Allergies: _____

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

* Passport Number: _____

* Passport Expiration Date: ____ / ____ / ____

Carnival VIFP Club: _____

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

* Name as it appears on your Passport: _____

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

* Home Address: _____

* Emergency Contact Relationship: _____

* City: _____ * State: _____ * Zip Code: _____

* Emergency Contact Phone Number: _____

* Email Address: _____

* Name/Nickname for your Name Tag: _____

* Phone #: _____ Cell #: _____

List any Dietary Restrictions/Food Allergies: _____

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

* Passport Number: _____

* Passport Expiration Date: ____ / ____ / ____

Carnival VIFP Club: _____

SECTION 3: ACCOMMODATIONS

* Please select your Stateroom: Inside \$739.00 pp Ocean View \$849.00 Balcony \$1,079.00 pp

* 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 **Final balance is due by June 25, 2021**

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 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: PAYMENT/CANCELLATION INFO: (per person)

Deposit of \$250 at time of booking

Final balance is due by June 25, 2021

Cancel Date of Deposit – July 25, 2021 – loss of deposit

Cancel July 26 – August 29, 2021 – \$250

Cancel August 30 – September 24, 2021 – 50% total cost

Cancel September 25 – October 9, 2021 - 75% total cost

Cancel October 9 – Day of departure – 100% total cost

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

Please mail or email your complete registration form to:

Attn: Mindy Eveler

Travel Leaders Vacation Centers

2474 N. George Street

York, PA 17406

To Make Your Reservation or for more Information, contact

Kim Lambert at (717) 332-4825 or kimtravl@aol.com

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