

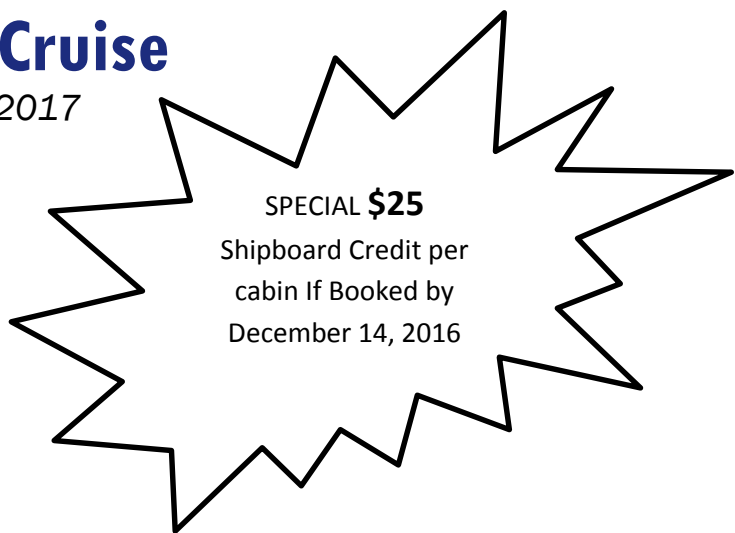
9-Night Canada/New England Cruise

Thursday, September 14 – Saturday, September 23, 2017

Elks Care – Elks Share!
Support PA ENF

Starting at **\$1489.00**

*Enjoy a fabulous 9-Night Cruise aboard
Royal Caribbean's Anthem of the Seas!*



ITINERARY:

Thursday, Sept 14:	4PM Departure from Cape Liberty, New Jersey
Friday, Sept 15:	Enjoy a day at Sea
Saturday, Sept 16:	7AM – 7PM Boston, MA
Sunday, Sept 17:	8AM – 5PM Portland, ME
Monday, Sept 18:	7AM – 6PM Bar Harbor, ME
Tuesday, Sept 19:	11AM – 11PM Saint John, NB
Wednesday, Sept 20:	Enjoy a day at Sea
Thursday, Sept 21:	7AM – 5PM Halifax, NS
Friday, Sept 22:	Enjoy a day at Sea
Saturday, Sept 23:	7AM Cape Liberty, NJ

STATEROOMS:

Interior - \$ 1489.00
Ocean View- \$ 1669.00
Balcony - \$ 1779.00

Call for Triple and Quad rates

INCLUSIONS:

9-Nights Aboard Anthem of the Seas
Port Charges & Departure Taxes
Ship Board Gratuities
Onboard Meals & Entertainment



RipCord by iFly | FloRider surf simulator | SeaPlex indoor activity space with first bumper cars, roller skating and flying trapeze school at sea | Rock Climbing Walls

*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 are available by request.
Travel insurance is not included but available through Travel Time.
Deposit of \$250 per person is due at time of booking. Final Balance is due by June 1, 2017.
A valid passport is required.*

Travel Arrangements Provided By:



Contact Lori Heathcote with questions:

lori@trvltime.com
717-855-2128



REGISTRATION FORM

9-Night Canada/New England Cruise
September 14 - 23, 2017

To make your reservation, please complete the information below:

SECTION 1: TRAVELER INFORMATION

* Name as it appears on your Passport: _____
* Home Address: _____
* City: _____ * State: _____ * Zip Code: _____
* Email Address: _____
* Phone Number: _____ Cell _____
* Emergency Contact Name: _____

* Emergency Contact Phone Number: _____
* Passport Number: _____
* Passport Expiration Date: ___ / ___ / ___
* Gender: _____ * Date of Birth: ___ / ___ / ___
* Name/Nickname for your Name Tag: _____
List any Dietary Restrictions: _____
Crown/Anchor Number: _____

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

* Name as it appears on your Passport: _____
* Home Address: (If different from above) _____
* City: _____ * State: _____ * Zip Code: _____
* Email Address: _____
* Phone Number: _____ Cell _____
* Emergency Contact Name: _____

* Emergency Contact Phone Number: _____
* Passport Number: _____
* Passport Expiration Date: ___ / ___ / ___
* Gender: _____ * Date of Birth: ___ / ___ / ___
* Name/Nickname for your Name Tag: _____
List any Dietary Restrictions: _____
Crown/Anchor Number: _____

SECTION 3: ACCOMMODATIONS, DINING & TRAVEL

* Please select your Stateroom: Interior Ocean View Balcony (Please circle your choice stateroom)
 Please check this box if you would you like your room 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.

* I choose: (Check one)
 To purchase travel insurance
 To decline travel insurance at this time

SECTION 5: PAYMENT

*Trip cost is per person, based on double occupancy.
\$250 Deposit per person is due at time of booking.
Final Balance is due by June 1, 2017*

Payment Methods: Check or Credit Card. If you prefer to pay your trip by check, do not fill out your credit card information.

Credit Card Holder: _____
Credit Card Number: _____
Expiration Date: ___ / ___ Security Code: _____

Please accept the enclosed check in the amount of \$_____ for my reservation.
 Please charge my credit card in the amount of

\$_____ for my reservation.

SECTION 6: CANCELLATION POLICY (Per person)

6/1/17 - 7/19/17 \$250 penalty to cancel
7/20/17 - 8/16/17 50% penalty to cancel
8/17/17 - 8/30/17 75% penalty to cancel
8/31/17 or After: NO REFUND

* Please mail, email or fax your completed Registration Form to Travel Time, Attention Lori Heathcote.
Please contact Lori Heathcote with any questions or comments.
2474 North George Street • York PA 17406
Phone: 717-855-2128 • Fax: 717-299-7330
Email: lori@trvltime.com • Website: www.trvltime.com