

Community Life Center Cruise 2018

Aboard Royal Caribbean's OASIS OF THE SEAS

For a 7 Night Western Caribbean Cruise JAN 21-28, 2018

DATE	PORT	TIME
Jan 21 Sunday	Port Canaveral	4:00 pm
Jan 22 Monday	Cruising	
Jan 23 Tuesday	Labadee Island	8 am-4 pm
Jan 24 Wednesday	Falmouth, Jamaica	10am-7pm
Jan 25 Thursday	Cruising	
Jan 26 Friday	Cozumel, Mexico	7 am-6 pm
Jan 27 Saturday	Cruising	
Jan 28 Sunday	Port Canaveral	



Includes all taxes and port charges.
Triple and Quad cabins available.



<u>CABINTYPE</u>	<u>PER PERSON</u>
<u>Interior</u>	<u>\$798.60</u>
<u>Central Park View</u>	<u>\$838.60</u>
<u>Ocean View</u>	<u>\$868.60</u>
<u>Central Park Balcony</u>	<u>\$918.60</u>
<u>Ocean View Balcony</u>	<u>\$1,048.60</u>

DEPOSIT REQUIREMENTS

A deposit of \$250.00 PER PERSON due by August 30, 2017

Automatic FINAL PAYMENT on October 20, 2017

To Join this Fun-d raising Cruise I COMPLETE RESERVATION FORM

Or contact:

Carolyn Martin sccmartin@aol.com

(386)747-5094

CRUISE REGISTRATION FORM

KAIROS/APWA

KIWANIS CRUISE

CANCELLATION PENALTIES

Cruise Line ROYAL CARIBBEAN

59-30 days prior to sailing= deposit

SHIP OASIS OF THE SEAS

29-8 days prior to sailing= 50% of total fare

SAILING DATE JANUARY 21-28, 2018

7 days or less= 100% of fare

Name change= \$50.00pp

PASSENGERS MUST HAVE PROPER TRAVEL DOCUMENTS
US CITIZENS MUST HAVE A PASSPORT OR ORIGINAL BIRTH CERTIFICATE WITH PHOTO ID

DINING
EARLY X LATE

Cabin Type: Inside Central Pk View Ocean View Central Pk Bal Ocean Bal

PASSENGERS MUST USE THEIR LEGAL NAMES AS ON PASSPORT

1. _____ Date of Birth ___/___/_____ M/F
2. _____ Date of Birth ___/___/_____ M/F
3. _____ Date of Birth ___/___/_____ M/F
4. _____ Date of Birth ___/___/_____ M/F

TRAVEL CANCELLATION INSURANCE

We Strongly recommend purchasing travel insurance due to the cruise lines' cancellation policies. Travel insurance must be purchased no later than the final payment date. This is to confirm that I am aware of the cancellation penalties and that travel insurance is available to protect against cancellation penalties.

SIGNATURE REQUIRED _____ DATE ___/___/___ ACCEPT _____ DECLINE _____

BILLING & TICKETING REQUIRED INFORMATION

ADDRESS: _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

CREDIT CARD TYPE _____ CARD NUMBER _____

EXP DATE _____ PLEASE CHARGE MY CARD \$ _____ DEPOSIT/automatic Final payment

SIGNATURE _____ DATE _____

RETURN REGISTRATION TO:
Carolyn Martin
sccmartin@aol.com
Or call in at: (386)747-5094
MAIL: 835 Gator Lane Deltona FL 32738