



5-Day Bermuda Cruise

For the benefit of

Marian Homes, Inc.

Aboard Royal Caribbean's *Enchantment of the Seas*

Departing from Baltimore, MD on April 11, 2011

Day	Ports of Call	Arrive	Depart	Activity
Mon	Baltimore, MD		4:00 PM	Boarding
Tues	Cruising			Cruising
Wed	Kings Wharf, BM	11:00 AM		Docked
Thurs	Kings Wharf, BM		1:00 PM	Docked
Fri	Cruising			Cruising
Sat	Baltimore, MD	7:00 AM		Departure

PASSENGERS MUST HAVE PROPER TRAVEL DOCUMENTS
U.S. CITIZENS MUST HAVE A VALID PASSPORT or BIRTH CERTIFICATE
 NON-U.S. CITIZENS and RESIDENT ALIENS should contact their respective embassies and U.S. Immigration

Per Person Cruise Rates

(Based Upon Double Occupancy and Includes All Taxes & Fees)

Type Cabin	Square Ft Rm / Balcony	1 st & 2 nd Person 55+	1 st & 2 nd Person
Interior	146	\$539.18	\$589.18
Ocean View	154	\$679.18	\$729.18
Balcony	190 / 36	\$999.18	\$1,129.18
Jr. Suite	245 / 58	\$1,079.18	\$1,249.18

Interior and Jr. Suite staterooms are based on availability at the time of booking.

Deposit Requirements

Initial - \$200 per cabin ***due no later than December 1, 2010***

Final payment ***due no later than January 17, 2011***

To join the fun contact:

Jim Rannazzisi – Travel Professional

571-222-7729

jimrazz@GroupCruisesUnlimited.com

www.GroupHomeCruise.com

Ship's Registry: Bahamas

Group Cruise Registration Form

Group Name	Marian Homes, Inc
Cruise Line	Royal Caribbean
Ship/ Nights	Enchantment of the Seas/ 5 nights
Sailing Date	April 11, 2011

CANCELLATION PENALTIES - 59 - 30 days prior to sailing - \$100 per Guest - 29 - 8 days prior to sailing - 50% per Guest - 7 days or less prior to sailing - 100% per Guest NAME CHANGE FEE - \$50.00 PER PERSON

NOTE: **ONE** Registration Form **Per CABIN**

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Cabin Category: Inside ___ Ocean View ___ Balcony ___ Suite ___

Dining Request: Main Seating (6 PM) ___ Second Seating (8:30 PM) ___ My Time Dining* ___

* Requires Pre-paid Gratuities of \$48.75 per person

PASSENGERS MUST USE THEIR LEGAL NAMES TO REGISTER (NO NICK-NAMES)

Circle Appropriate Answer
 MALE / FEMALE U.S. CITIZEN

- | | | | | |
|----------|---------------------------|-----------|--------|----------|
| 1. _____ | DATE OF BIRTH ___/___/___ | AGE _____ | 1. M/F | YES / NO |
| 2. _____ | DATE OF BIRTH ___/___/___ | AGE _____ | 2. M/F | YES / NO |
| 3. _____ | DATE OF BIRTH ___/___/___ | AGE _____ | 3. M/F | YES / NO |
| 4. _____ | DATE OF BIRTH ___/___/___ | AGE _____ | 4. M/F | YES / NO |

TRAVEL CANCELLATION INSURANCE

WE STRONGLY RECOMMEND PURCHASING TRAVEL INSURANCE DUE TO THE CRUISE LINES' VERY STRICT CANCELLATION POLICIES. VACATION CARE TRAVEL INSURANCE MUST BE PURCHASED NO LATER THAN THE FINAL PAYMENT DATE. CALL FOR QUOTE.

This is to confirm that I am aware of the cancellation penalties as described on the upper right corner of this page and that travel insurance is available for purchase at Final Payment (but prior to penalty start date) to protect against cancellation penalties due to unforeseen MEDICAL reasons.

SIGNATURE (REQUIRED) _____ DATE _____

PURCHASE TRAVEL CANCELLATION INSURANCE? ACCEPT ___ DECLINE ___

BILLING & TICKETING PHYSICAL ADDRESS (P.O. BOXES NOT ACCEPTED)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____ CELL (____) _____

E-MAIL ADDRESS _____

PAYMENT INFORMATION

(Make Check Payable to **Cruises & Tours Unlimited**)

Check or Money Order Deposit Enclosed \$ _____

PLEASE CHARGE MY CREDIT CARD \$ _____

CARD NUMBER _____

EXP. DATE _____ CARD TYPE _____

CARDHOLDER SIGNATURE _____

MAIL THIS TO:

Group Cruises Unlimited

6947 Cumberstone Pl.

Gainesville, VA 20155

Attn: Jim Rannazzisi

Phone 571-222-7729

jimrazz@GroupCruisesUnlimited.com