



BARGAIN TRAVEL CRUISES

THE COALITION OF JAMAICAN ORGANIZATIONS OF MASSACHUSETTS
7 DAY WESTERN CARIBBEAN CRUISE on the "INDEPENDENCE OF THE SEAS"
OCTOBER 18 to 25, 2015

R E S E R V A T I O N F O R M

ALL CABINS REQUIRE A \$150 PER PERSON INITIAL DEPOSIT AND IS PAYABLE BY CHECK ONLY TO BARGAIN TRAVEL. ALL SUBSEQUENT PAYMENTS CAN BE MADE BY CREDIT CARD OR CHECK. A SECOND DEPOSIT OF \$250 PER PERSON IS DUE BY 12/08/14. THEN, THERE ARE FOUR (4) EQUAL INSTALLMENTS OF \$100 PER PERSON WHICH ARE DUE ON: 02/02/15, 03/02/15, 04/06/15 & 05/04/15. YOUR FINAL PAYMENT IS DUE BY 07/06/15. WHEN PAYING BY CHECK, PLEASE MAKE ALL CHECKS PAYABLE TO BARGAIN TRAVEL. YOUR FIRST DEPOSIT ALONG WITH THIS SIGNED RESERVATION FORM ACKNOWLEDGES ALL CANCELLATION TERMS. ALL PAYMENTS MUST BE STRICTLY ADHERED TO, AS THE CRUISE LINE COULD CANCEL THE GROUP IF PAYMENTS ARE NOT MADE BY THEIR DUE DATES. PLEASE NOTE THE FOLLOWING CANCELLATION FEES WILL APPLY:

IF YOU CANCEL:

YOU WILL RECEIVE (PER PERSON):

151 DAYS OR LONGER BEFORE DEPARTURE.....	FULL REFUND LESS \$150.00*
150 TO 126 DAYS BEFORE DEPARTURE.....	FULL REFUND LESS \$200.00*
125 TO 106 DAYS BEFORE DEPARTURE.....	FULL REFUND LESS \$300.00*
105 TO 96 DAYS BEFORE DEPARTURE.....	FULL REFUND LESS \$350.00*
95 TO 80 DAYS BEFORE DEPARTURE.....	FULL REFUND LESS \$400.00*
79 TO 65 DAYS BEFORE DEPARTURE.....	FULL REFUND LESS \$650.00*
64 TO 50 DAYS BEFORE DEPARTURE.....	FULL REFUND LESS \$800.00* to \$1200.00*
49 DAYS OR LESS BEFORE DEPARTURE.....	NO REFUND.

* YOUR AIR OR TRANSPORTATION COST WOULD BE IN ADDITION TO THE CRUISE CANCELLATIONS.

** CANCELLATION INSURANCE IS HIGHLY RECOMMENDED (PLEASE SEE ATTACHED INFORMATION) **

PLEASE MAIL, FAX or E-MAIL THIS RESERVATION FORM TO:

BARGAIN TRAVEL
P.O. BOX 2017
MASSAPEQUA, NY 11758
(800) 820-4567 VOICE / (516) 678-6148 FAX
BargainTravel@erols.com E-MAIL

NAMES*: _____ DOB: _____

_____ DOB: _____

_____ DOB: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE #: HOME () _____ / WORK () _____

CABIN CATEGORY SELECTED: _____ (N-INTERIOR / I, H or G-OCEANVIEW / E3-BALCONY)

CRUISE CANCELLATION INSURANCE: _____ (YES / NO)

DEPOSIT AMOUNT \$ _____ (CHECK / CREDIT CARD / MONEY ORDER)

CREDIT CARD # _____ / EXP DATE: _____

SIGNATURE & PRINTED NAME: _____ / DATE: _____

E-MAIL ADDRESS: _____

* EFFECTIVE 01/01/09, ALL PASSENGERS MUST NOW HAVE A VALID PASSPORT TO TRAVEL ABROAD.
YOUR NAME MUST MATCH THE ONE SHOWN ON YOUR PASSPORT. NO NICK-NAMES PLEASE.
EACH NAME CHANGE WILL BE CHARGED A PROCESSING FEE ACCORDINGLY.