

**Royal Caribbean's Cruise "Anthem of the Seas" Sail * Sat. May 4 – Thurs. May 9, 2019
Registration Form**

Payment is due as soon as possible to confirm your cabin. Note that cabin space is subject to availability and not guaranteed until payment is received. **Early bookings are essential to secure your desired cabin location.**

**Make checks payable to and remit your signed reservation form to:
TOURIFFIC TRAVEL * 2521 Yellow Springs Rd. * Malvern, PA 19355 * 610-544-6222**

Trip cancellation insurance is available and recommended. Ask for details on cancellation policy and travel protection rates.

PROOF OF CITIZENSHIP: U.S. Citizens **MUST** have a **valid PASSPORT or state issued birth certificate with raised seal and photo ID. Name spelling must match exactly as noted on passport.**

NOT INCLUDED: Shore excursions, gratuities to ship personnel, alcoholic beverages, specialty restaurant fees, photographs, gratuities, medical services, spa services, etc.

NOTES: Price includes taxes and fees. Some specialty restaurants require a fee. Categories are limited and are based on availability at time of booking. Book early for best selection. A detailed color cruise brochure is available upon request. At least one Passenger in each cabin **MUST** be over 25 years of age. ***Prices subject to increase or decrease based on current promotion * Itinerary subject to change.** Taxes and fuel charges are subject to change. Touriffic Travel is not responsible for flyer misprints and disclaim any liability for injury, damage, loss or delay due to act, negligence or default of any company or person engaged in rendering any service while on tour.

****Please complete separate reservation form for each guest.**

Please PRINT NAME as it appears on current passport – must be valid 6 months from return date. Incorrect, illegible information may result in charges for reissuing airline tickets. TODAY'S DATE: _____

FULL NAME-Passenger 1 _____ **Birth Date** _____

Passport No. _____ **Expiration Date:** _____

Address: _____

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

Telephone: Home _____ **Work** _____ **Cell** _____

Email: _____ **Occupancy:** _____ **Double** _____ **Single** _____ **Triple**

Rooming with: _____ **Phone** _____

Emergency Contact: _____ **Relationship** _____

Telephone: _____ **Cell phone:** _____ **email:** _____

Cabin Category Requested: _____ **Interior *** _____ **Balcony *** _____ **Obst. Balcony *** _____ **6D Balcony**

Cruise Insurance requested: Yes _____ **Decline** _____

To cover Pre-Existing Conditions, Insurance must be paid in full with Deposit and is Non-Refundable

Cruise Insurance Price: \$59.00pp- Category 2D Balcony, 2E Balcony & 4U Interior *** \$89.00pp-** Category 6D Balcony

Citizenship: _____ Please note that it is the guest's responsibility to confirm all immigration requirements and obtain required documentation.

Special Requests: Please be specific with any medical condition, diet, etc. *We will do our best to accommodate requests; however, requests are not guaranteed. Please be specific so that we can make your trip as relaxed as possible.*

Credit Card #: _____ **Exp. Date** _____ **sec. code** _____

Amount to be charged:\$ _____ **Card Holder Name:** _____

Card Holder Address: _____

Card Holder Signature: _____ **Date:** _____

CANCELLATION Ask for details on other insurance rates. For cancellations without insurance or for non- covered reasons, the following fees apply: Cancellations receive 90-57 days prior are subject to a \$200.00 per person penalty; 56-30 days prior, 55% of fare; 29 – 16 days, 80% of price; no refunds for cancellations received 15 days or less prior to sailing. For all cancellations in addition to fees noted, insurance cost plus a \$50.00 administrative fee is non-refundable.