



PARSE

Pennsylvania Association of Retired State Employees
 Invites you to cruise from San Juan to Southern Caribbean on
Royal Caribbean's "Adventure of the Seas"

December 2 - 9, 2012



Your Cruise Includes:

- Round trip bus transportation from Camp Hill/Harrisburg/York to Airport
- Round trip Air to San Juan
- Round trip transfers from San Juan airport to ship
- 7-night cruise to Southern Caribbean on "Adventure of the Seas"
- Meals and entertainment aboard ship
- Port charges and departure taxes
- Baggage handling throughout
- Tips to Drivers
- Shipboard Gratuities



<u>Date</u>	<u>Port of Call</u>	<u>Arrive</u>	<u>Depart</u>
December 2, 2012	San Juan		8:30 PM
December 3, 2012	St. Croix	8:00 AM	5:00 PM
December 4, 2012	St. Maarten	8:00 AM	5:00 PM
December 5, 2012	St. John	8:00 AM	5:00 PM
December 6, 2012	St. Lucia	8:00 AM	5:00 PM
December 7, 2012	Barbados	8:00 AM	5:00 PM
December 8, 2012	Fun Day at Sea		
December 9, 2012	San Juan	6:00 AM	

	Category	Rate (per person/double occupancy)
Balcony	D2	\$1,949.00

Please Note: All rates are per person/double occupancy and based on a minimum of 16 full paying passengers. Cabin categories and prices are subject to availability and are on a first come, first served basis. Other cabin categories are available on request. Unused transfers between Camp Hill/Harrisburg/York and Airport are non-refundable.

*****VALID PASSPORTS ARE REQUIRED*****

Deposit Schedule:

A deposit of \$500.00 per stateroom is due at time of reservation.
 Unsold space expires **June 21, 2012**.
 Final payment is due by **September 4, 2012**.

Cancellation Fees As Follows:

September 4- November 1, 2012: \$500.00 Per Person
 November 2 - 16, 2012: 50% penalty
 November 17, 2012 And After: NO REFUND
Trip cancellation insurance is strongly recommended at time of deposit, otherwise a signed waiver is required.

(Please note: Insurance is non-refundable and non-transferrable)

IMPORTANT INFORMATION REGARDING TRAVEL INSURANCE

Please Read Carefully!

Now that you have arranged your trip, as professional Travel Agents we feel that it is our responsibility to recommend travel insurance to protect your investment.

Contact Bailey Travel if you want specific details on coverage or have further questions regarding travel insurance.

At the time of first payment:

- I have been advised of the cancellation penalties for my purchase.
- I understand that travel insurance can protect me from possible loss of money due to supplier bankruptcy/default, unexpected trip cancellation/interruption due to accident, sickness or death, baggage loss, medical expenses and emergency air transportation costs.
- I understand that I must purchase travel insurance immediately to obtain maximum coverage.

At this time, I choose: (Check One)

- To purchase the recommended insurance, I want to know current rate based on my age and cost of trip.**
 To purchase travel insurance on my own, I have given a copy of my "proof of insurance" to a Bailey Travel agent
 To decline all travel insurance, I am aware of the results that could come from my decision

Signature: _____ Date: _____



For More Information Or To Reserve Your Space, Please Contact:

Lori Heathcote • Bailey Travel
123 East Market Street • York, PA 17401 • Phone: (717) 854-5511 • (800) 224-5399
Email: lori@baileytravel.com • Web: www.baileytravel.com

Enclosed is my check (Payable to Bailey Travel) in the amount of \$ _____ for _____ reservations.

Charge my credit card listed below in the amount of \$ _____ for _____ reservations.

Name as it appears on card: _____ Type: AX MC VISA DS

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Name as on passport: _____

Address: _____

City/state/zip: _____

Birthdate: ____/____/____

Passport #: _____ Exp Date: _____

Name as on passport: _____

Address: _____

City/state/zip: _____

Birthdate: ____/____/____

Passport #: _____ Exp Date: _____

Emergency Contact Information

Person you are Traveling with: _____

Please list any health conditions or concerns:

1. _____
2. _____
3. _____
4. _____
5. _____

For an **emergency contact**, please list the information of someone who is NOT traveling with you:

Name: _____ Relationship: _____

Home Phone # () _____ - _____

* Reservations will only be accepted with completion of this form *