A.P.W.A. Florida- Cruise 2017
Aboard Royal Caribbean’s MAJESTY OF THE SEAS
For a 3 Night Bahama Cruise  March 3-6, 2017

<table>
<thead>
<tr>
<th>DATE</th>
<th>PORT</th>
<th>TIME</th>
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</thead>
<tbody>
<tr>
<td>March 3 Fri.</td>
<td>Port Canaveral</td>
<td>4:00 pm</td>
</tr>
<tr>
<td>March 4 Sat.</td>
<td>Nassau, Bahama</td>
<td>12-11:59 pm</td>
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<tr>
<td>March 5 Sun.</td>
<td>Cocoa Cay</td>
<td>8 am-4 pm</td>
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<tr>
<td>March 6 Mon.</td>
<td>Port Canaveral</td>
<td>7 am</td>
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GREAT GROUP RATES
+$50.00 DONATION BY RCCL to APWA for each cabin booked.

CABIN-TYPE PER PERSON
Double Occ $337.87
INTERIOR $357.87
OCEAN VIEW Jr Suite current rate
Triple

DEPOSIT REQUIREMENTS
A deposit of $100.00 PER PERSON due by DECEMBER 10, 2016
AUTOMATIC FINAL PAYMENT on December 12, 2016
TO JOIN COMPLETE RESERVATION FORM
Or contact: Carolyn Martin (386) 747-5094 sccmartin@aol.com

Includes all taxes and port charges.
Those wishing to travel with 3 or 4 in cabin should deposit now due to limited availability. Call for rates.
GROUP CRUISE REGISTRATION FORM

GROUP NAME: APWA
Cruise Line: ROYAL CARIBBEAN
SHIP: MAJESTY OF THE SEAS
SAILING DATE: MARCH 3-6, 2017

CANCELLATION PENALTIES

- 59-30 days prior to sailing = deposit
- 29-8 days prior to sailing = 50% of total fare
- 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

Cabin Category: Inside______ Oceanview______ Balcony______

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
SIGNATURE ___________________________ DATE ___________

RETURN REGISTRATION TO:
Carolyn Martin sccmartin@aol.com
Or call in at:(386)747-5094
FAX: (407)322-5032
MAIL: 835 Gator Lane Deltona, FL 32738