

## 9-NIGHT CANADA & NEW ENGLAND CRUISE

Thursday, September 14 – Saturday, September 23, 2023

**Starting at \$1,679.00 Per Person**



**VISION<sup>OF</sup> THE SEAS<sup>®</sup>**

### ITINERARY:

Thursday, September 14:	Depart Baltimore, Maryland	4:00PM
Friday, September 15:	Cruising	
Saturday, September 16:	Boston, Massachusetts	8:00AM – 6:00PM
Sunday, September 17:	Portland, Maine	8:00AM – 6:00PM
Monday, September 18:	Bar Harbor, Maine	8:00AM – 6:00PM
Tuesday, September 19:	Saint John, NB (Bay of Fundy)	7:00AM – 5:00PM
Wednesday, September 20:	Halifax, Nova Scotia	11:00AM – 7:00PM
Thursday, September 21:	Cruising	
Friday, September 22:	Cruising	
Saturday, September 23:	Arrive Baltimore, Maryland	7:00AM

### STATEROOMS:

Prices are per Person based  
on Double Occupancy &  
[Paid by Check Only.](#)

#### Inside

**\$1,679.00**

#### Ocean View

**\$1,809.00**

#### Balcony

**\$2,669.00**

Add 5%, if paying with a  
credit card.

### INCLUSIONS:

- Round trip transfers to pier
- Tips to driver
- Porter fees
- 9 Night cruise aboard *Vision of the Seas*
- Meals and entertainment aboard the ship
- Taxes and port charges
- Shipboard gratuities
- Cocktail Party



Rates are per person, based on double occupancy. Cabin categories and prices are subject to availability and are on a first come, first serve basis. Other cabin categories may be available by request. Pricing and stateroom availability for 3<sup>rd</sup> and 4<sup>th</sup> guests are available upon request. Prices are subject to change due to fuel charges and other vendor charges. A valid passport is required with at least 6 months validity past return date. Must be fully vaccinated for Covid-19.

**A \$250 Deposit per person is due at time of Registration. Final Balance is due by June 2, 2023.**



Contact Lori Heathcote with questions:

**717-855-2128 • [Lheathcote@travelladers.com](mailto:Lheathcote@travelladers.com)**

# REGISTRATION FORM

*Reservations will not be accepted without this completed form.*

\* Required



**9-Night Canada  
& New England Cruise  
September 14-23, 2023**

## SECTION 1: TRAVELER INFORMATION

\* Name as it appears on your Passport: \_\_\_\_\_

\* Home Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Gender: \_\_\_\_\_

\* Passport Number: \_\_\_\_\_

\* Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Emergency Contact Name (Not traveling with you): \_\_\_\_\_

\* Emergency Contact Relationship: \_\_\_\_\_

\* Emergency Contact Phone Number: \_\_\_\_\_

\* Name/Nickname for your Name Tag: \_\_\_\_\_

List any Dietary Restrictions/Food Allergies: \_\_\_\_\_

Crown & Anchor Number: \_\_\_\_\_

\* ☐ COVID-19 Fully Vaccinated ☐ COVID-19 NOT Vaccinated

## SECTION 2: GUEST INFORMATION (If NO GUEST, skip to Section 3)

\* Name as it appears on your Passport: \_\_\_\_\_

\* Home Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Gender: \_\_\_\_\_

\* Passport Number: \_\_\_\_\_

\* Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Emergency Contact Name (Not traveling with you): \_\_\_\_\_

\* Emergency Contact Relationship: \_\_\_\_\_

\* Emergency Contact Phone Number: \_\_\_\_\_

\* Name/Nickname for your Name Tag: \_\_\_\_\_

List any Dietary Restrictions/Food Allergies: \_\_\_\_\_

Crown & Anchor Number: \_\_\_\_\_

\* ☐ COVID-19 Fully Vaccinated ☐ COVID-19 NOT Vaccinated

## SECTION 3: ACCOMMODATIONS

\* Please select your Stateroom: ☐ Inside ☐ Ocean View ☐ Balcony

\* Please indicate your occupancy type: ☐ Double ☐ Single ☐ Triple ☐ Quad

☐ Please check this box if you would like your stateroom with 2 beds.

## SECTION 4: INSURANCE

*We strongly recommend purchasing Travel Insurance to cover your investment in case you need to cancel the trip for medical reasons or if the trip is cancelled due to supplier bankruptcies, etc. Insurance must be purchased no later than 14 days after the first deposit has been made. Plan costs are based on total trip cost and age PER PERSON. Insurance is non-refundable and non-transferable. You receive basic coverage in the event of unforeseen trip-related expenses such as: Trip cancellation, interruption and delay; emergency medical treatment or evacuation; Lost, stolen or damaged baggage or travel documents; and baggage delay.*

\* I choose: (Check One) ☐ To purchase the recommended travel insurance ☐ To decline travel insurance at this time

## SECTION 5: PAYMENT INFORMATION **Final Balance due by June 2, 2023.**

Payment Methods: Check or Credit Card (add 5%). Please make checks payable to: **Travel Leaders**

If you pay your trip by check, do not fill out credit card information.

Name on Credit Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_ Amount to charge on card: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 6: CANCELLATION SCHEDULE

**A \$50 per person administrative fee will be charged in addition to any penalty listed below.**

\$250 Per Person Deposit: Non-Refundable

06/03/2023 and after: Full Trip Non-Refundable

**Contact Lori Heathcote with questions:**

**(717) 855-2128 • Lheathcote@travellleaders.com**

Please mail, email or fax your completed registration form to:

Attn: Lori Heathcote  
Travel Leaders  
2474 N. George Street  
York, PA 17406



**Fax:**  
717-854-6555

**Website:**  
www.TravelLeadersVacationCenter.com

**Facebook:**  
Travel Leaders Vacation Center/Travel Time