

TRAVEL WITH MOM

JUNE 17-22, 2018



- Trip Includes:**
- 5-Day Cruise on Carnival
 - Transfers between the ship and the airport
 - Taxes and Port charges
 - Round Trip Airfare



DAY	PORT OF CALL	ARRIVAL TIME	DEPARTURE TIME
SATURDAY	FT LAUDERDALE (PT EVRGLDS), FL	00:00	4:00PM
SUNDAY	FUN DAY AT SEA	00:00	00 0000
MONDAY	GRAND TURK	7:00AM	2:30PM
TUESDAY	HALF MOON CAY THE BAHAMAS	9:30AM	5:30PM
WEDNESDAY	NASSAU, THE BAHAMAS	7:00AM	5:00PM
THURSDAY	FT LAUDERDALE (PR (PT EVRGLDS), FL	8:00AM	00 0000

Price Per Person	
Interior Double	\$969
Interior Triple	\$939
Interior Quad	\$899
Ocean View Double	\$1095
Ocean View Triple	\$1065
Ocean View Quad	\$1035
Balcony Double	\$1195
Balcony Triple	\$1165
Balcony Quad	\$1135

PAYMENT PLAN:
 Deposit of \$150 per person is due July 15, 2017
 2nd Payment of \$150 per person is due September 19, 2017
 3rd Payment of \$200 per person is due November 28, 2017
 4th Payment of \$200 per person is due January 18, 2018
 Balance is due April 1, 2018
DEPOSIT IS NONREFUNDABLE AFTER AUGUST 20, 2017



FOR FURTHER INFORMATION CONTACT:
 (202) 202-723-5852 FAX (202) 829-3081 or blessed48@aol.com
 WEBSITE: <http://www.travelwithmom.com>

MAKE AND MAIL CHECKS OR MONEY ORDERS TO:
 TRAVEL WITH MOM, PO BOX 1623
 WASHINGTON, DC 20013

Credit Cards may be used after the first deposit except American Express
 Cancellation Insurance is strongly recommended

RESPONSIBILITY: TRAVEL WITH MOM (TWM) ASSUMES NO LIABILITY FOR, AND THE PASSENGER AGREES THAT (TWM) SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY WAIVERS OR CLAIMS AGAINST THEM ARISING OUT OF (A) ANY DAMAGE, ACCIDENT, OR INJURY WHICH RESULTS FROM, OR OCCASIONED BY, AND DEFECT OR ACTS OR FAILURE TO ACT OF ANY TRANSPORTATION COMPANY IN CONVEYING THE PASSENGER, MECHANICAL FAILURES, OR STRIKES AFFECTING THE TRANSPORTATION OR (B) ANY OTHER CAUSE OR FACTOR, OF WHATEVER NATURE BEYOND TRAVEL WITH MOM CONTROL. \$30.00 CHARGE FOR ALL RETURNED CHECKS. RATES ARE BASED ON CURRENT AIRFARE SUBJECT TO A FUEL SURCHARGE.

RETURN THIS PORTION WITH YOUR DEPOSIT Nassau, Bahamas, Half Moon Cay, Grand Turks _____

NAME _____ (DOB) _____

ADDRESS _____

PHONE (H) _____ (W) _____

E-MAIL: _____

ROOMMATE (S) _____ (DOB) _____