



TRAVEL WITH MOM

ANNOUNCES AN ROYAL CARIBBEAN WESTERN MEDITERRANEAN CRUISE

OPTION 1: JULY 11-18, 2024: CRUISE ONLY

OPTION 2: JULY 8-18, 2024: CRUISE AND 3-DAYS IN PARIS



CRUISE PORT OF CALLS:

CIVITAVECCHIA (Rome) ITALY, NAPLES, ITALY; BARCELONA, SPAIN; PALMA De MALLORCA, SPAIN; MARSEILLE, FRANCE; LASPEZIA, ITALY; CIVITAVECCHIA (Rome) ITALY

TRIP INCLUDES-

- Roundtrip airfare from Washington, D.C. area
- Cruise on Royal Caribbean
- Port charges, taxes, and transfers between airport, ship and hotel

PRICE PER PERSON:

OPTION 1: MEDITERRANEAN CRUISE PRICES:

	DOUBLE	TRIPLE	QUAD
INTERIOR	\$2,995	\$2,965	\$2,935
OCEANVIEW	\$3,095	\$3,065	\$3,035
BALCONY	\$3,495	\$3,465	\$3,435

OPTION 2:

WESTERN MEDITERRANEAN CRUISE WITH
ADDITIONAL 3 DAYS IN PARIS
ADD \$1,499.00 PER PERSON
(INCLUDES AIRFARE, TRANSFERS AND HOTEL)

AIRFARE IS BASED ON CURRENT RATES AND ARE SUBJECT TO FUEL SURCHARGE.

PAYMENT PLAN:

Deposit of \$300 per person is due February 1, 2023
2nd Payment of \$350 per person is due April 15,
2023 3rd Payment of \$300 per person is May 25, 2023
Balance is due is April 5, 2024
Deposit is nonrefundable after August 1, 2023

OASIS OF THE SEAS

Zelle: (202) 288-1680;

If paying by Zelle email:
beblessed48@aol.com with information.

FOR FURTHER INFORMATION CONTACT:

202-288-1680 OR 202-723-5852

<http://www.travelwithmom.com>

MAKE AND MAIL CHECKS OR MONEY ORDERS

TO: TRAVEL WITH MOM

PO BOX 1623 WASHINGTON, DC 20013

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 STUB WITH YOUR DEPOSIT

Greece: Option 1 ___ _ Option 2 ___ _

ROOM TYPE _____

NAME _____ (DOB) _____

ADDRESS _____

PHONE (H) _____ (W) _____

ROOMMATE(S) _____ (DOB) _____

EMAIL: _____