

**Marion Therapeutic Riding Association and
SUSAN'S SPECIALTY TRAVELS**

Ralph Flood, Group Leader: 352.430.3588 | Susan Jaman: 352.391.9554

OCTOBER 19–26, 2014 FREEDOM OF THE SEAS Booking Form

Mail completed form to Ralph Flood, 1419 Hollyberry Place, The Villages FL 32162

BONUS - \$50 Shipboard Credit Per Stateroom

Passenger information (names exactly as they appear on passports)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Birth Date: Month _____ Day: _____ Year: _____

Email Address: _____

Name of Second Passenger: _____

ENTER CONTACT INFO FOR SECOND PASSENGER HERE, IF DIFFERENT FROM ABOVE

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Birth Date: Month _____ Day: _____ Year: _____

Email Address: _____

Have you sailed on RCCL? Passenger #1: _____ Passenger #2: _____

If so, Mariner's Number Passenger #1: _____ Passenger #2: _____

(Note: Cruise sale prices below includes taxes and port charges. They do NOT include gratuities and surcharge if RCCL assesses a fuel surcharge if a barrel of oil goes above \$65.00.)

Please Circle Your Choice of Cabin—Double fare per person

Balcony Stateroom Category E1 from \$1,076.70 per person/double occupancy

Ocean View Stateroom Category I from \$ 848.77 per person/double occupancy

SPECIAL OFFER: Pay for an Ocean View Cabin and get a Balcony Cabin! Staterooms are limited and are on a first come, first served basis. Includes \$150 on-board credit! Must be booked by Feb. 28, 2014.

Inside Stateroom Category Q from \$ 648.77 per person/double occupancy

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(continued)

Credit Card Information:

Name as it appears on your card: _____ Expires: _____

Credit Card Number: _____ Security Code: _____

Signature: _____ Date: _____

Do you wish the same card to be charged for the balance of the cruise?

Yes _____ No, _____

Optional travel protection coverage is also available, including coverage for pre-existing conditions if medications have not changed in the past six (6) months.. Cost is \$59.00 Per Person.

Passenger #1: Yes _____ No _____

Passenger #2: Yes _____ No _____

BED CONFIGURATION:

Two twins _____ Queen _____

DINING PREFERENCE: *WE CANNOT GUARANTEE YOU WILL GET WHAT YOU REQUEST, WE WILL DO THE BEST WE CAN.*

Early _____ Late _____ Anytime _____

Dietary restrictions: _____

Other passengers you wish to dine with (if possible):

FULL REFUND OF DEPOSIT IF CANCELLED BY AUG. 1, 2014.

For agency use only:

Res # _____ Amt of deposit: _____ Date of deposit: _____ Cabin # _____